THE LANCET.

VOL. I.] LONDON, SATURDAY, NOVEMBER 21, 1835. [1835-36.

NORTH-LONDON HOSPITAL.

CLINICAL LECTURE

ON CASES OF

DEFORMITY OF THE SPINE, PAINS IN THE HEAD, NEURALGIC PAIN OF THE STOMACH, AND COLICA PICTONUM.

Delivered in the Session 1835-36.

BY DR. ELLIOTSON.

DEFORMITY OF THE SPINE.—*Tonics.*—The first case I shall notice to-day, gentlemen, is one of deformity of the spine, partly resulting from weakness, and partly from strumous disease. The patient was a girl, aged ten years, admitted on the 27th of July. The account obtained from her was, that she had had a curvature of the spine as long as she could remember. About eighteen months ago she began to complain of shooting pains in the right foot and leg, and soon afterwards in the left. These were gradually followed by partial loss of motion and complete loss of sensation. She also lost the power of retaining her urine and feces. About a year ago she was admitted into *St. Bartholomew's Hospital*, under the care of Mr. LAWRENCE, where she remained four months, and during that time had two issues formed on each side of the dorsal part of the spine. She improved very much while in the Hospital, and when she left had regained the power of retaining her urine and feces, and perfect sensation in the lower extremities, but she is still unable to use her legs for support or motion. In other respects her health is good.

On her admission here she was in a state of extreme weakness, and there were other curvatures of the spine beyond what the disease of the dorsal vertebræ had occasioned, which curvatures appeared to be owing to the want of power in the muscles to keep the body erect. It was this curvature which appears to have existed ever since he could remember. The disease of the spine appeared to have been perfectly cured by Mr. LAWRENCE. To have attempted a restoration of her shape would have been fruitless, but there was an evident indication that improvement of her strength should be attempted, and for this purpose I ordered a cold shower-bath daily, and half a drachm of carbonate of iron three times a day.

On the 11th of August she had become considerably strengthened, her complexion was even rather florid, her appetite was good, and on the 18th the dose of carbonate of iron was increased to a drachm. On the 25th she could move her legs freely, although only through a limited space. She was unable to bend any of the joints of the lower extremities beyond a small angle, but within that distance she could move them with the greatest readiness. Her complexion was improving. On the 1st of September she was much stronger, and her complexion absolutely florid. Her appetite was good, and she could now walk alone, though she was unable to support herself upright on her feet. This is an instance of the great benefit that may be derived in cases of curvature of the spine from debility, by the use of tonic measures, and, among those, certainly iron and the cold-bath rank the first. Had the disease not lasted so long, and the curvature not been so great, and had there not been, also, scrofulous disease of some of the vertebræ, extension might have been proper, but in this case I conceive it would have been useless.

I may mention here that I was greatly delighted lately, when visiting Paris, to see the beautiful plan of treatment adopted in an *Orthopedic Institution*. I visited that of Dr. BOUVIER, and of all the things that I visited belonging to the medical departments of Paris, nothing gratified me more; little, indeed, gratified me so much.

The plan adopted by this gentleman, and, I presume, by others, who have similar institutions in that capital, is two-fold,—that of invigorating the system at large, and that of restoring the misshapen parts as far as possible to their proper form. For the former purpose the patients are supplied with proper food, there are baths of various descriptions in the establishment,

and the persons under treatment exercise as much as possible in the open air. The hours of exercise recur three times a day, and unless in weather which is bad, it takes place in the grounds belonging to the institution. Tonic medicines were also given, and I took the opportunity of pointing out to M. Bouvier, as I did to M. Lugol, the great advantage that would arise from the employment of very considerable doses of the carbonate of iron. With the utmost liberality he assured me he would exhibit it in these diseases, for the purpose of ascertaining the superiority of full doses. The other indication, that of restoring the deformed parts to their proper shape, is effected in the most agreeable manner. They practise a considerable number of gymnastic exercises, all of which have a tendency to extend the parts which are curved, while they strengthen the system in general. These exercises are infinitely varied, so that they are carried on with pleasure. The patients pass from one sort of exercise to another, and labour just as much as they themselves please. Some ascend ladders by the aid of their hands only, which ladders are suspended with a spring, so that the weight of the patient while hanging on the ladder, in ascending and descending, tends to bring the spine into a straight direction. Then they lie with their faces upon a sort of chair, which is placed on an inclined plane, and turn a handle and thus draw themselves up the plane. They take hold of horizontal poles, and move along to a considerable extent, by means of their hands alone. I cannot detail the number of other contrivances, all designed for the purpose of letting the body extend itself principally by its own weight. The patients are never allowed to rest upon their seat, or upon their feet. At dinner their means of support pass from the stool on which they sit to their armpits, so that the spine is supported,—not pressed so as to have a tendency to curve,—and the supports are more or less moveable. In passing from the house to the grounds they use crutches, supporting themselves, of course, under the armpit, their hands resting on the middle of the crutch. As they pass from one gymnastic contrivance to another, they have these crutches ever with them, so that they never rest for a moment on their feet, because while passing from one apparatus to another, while they use the crutches, their toes only touch the ground. Then their gymnastic exercises, which are quite a delight to them, are never continued long at a time, lest they should be fatigued. The patients practise them three times a day, and repose upon their backs I think for eighteen hours out of the twenty-four; and while in repose there is a moderate degree of extension kept up. They go on with their education while in this position, and from their leaving this position for the purpose of gymnastic exercises three times a day, it is not irksome to them. They all seemed to be perfectly happy, and, in fact, in the highest spirits. The improvement which was effected by this mode of treatment, was manifested by the casts which had been taken of several young ladies, at the time of their admission, and at the time of their leaving the institution. Many had been quite cured, and many who had been greatly distorted were now comparatively but little deformed In fact, a friend of mine who accompanied me, with some other English medical men, met a young lady there with whom he was acquainted, and he was quite astonished at the improvement which had been made. The gentleman who superintended the establishment, Dr. Bouvier, appeared to be a most philosophic and amiable man, and I must repeat, that I greatly regret that there are not institutions precisely upon the same plan in this country. I myself was so delighted with what I saw, that notwithstanding the institution was half an hour's ride out of Paris, and my time was limited, I could not refrain from going a second time to visit it, and the delight which I experienced was participated in by all the English gentlemen who accompanied me.

Pain in the Head, affecting the Periosteum and Dura Mater.—*Carb. of Iron, and Hyd. of Potass.*—The next case which I have to mention, is that of a female, Ann Bennett, aged 23, who was admitted on the 11th of August. About twelve months since she caught a severe cold from exposure to wet. This was accompanied by œdema of the feet and legs. Ever since she has been subject to severe pain in her forehead, and at the vertex, sometimes shooting down the chest. The pain was attended with heat. Cold applications to the face gave relief. About eighteen months ago she was admitted into an hospital, where she remained under treatment until a fortnight ago. During that time it seems she was bled at the arm, cupped at the occiput, blistered at the forehead and vertex, again and again, and was once salivated, from which she gained relief, but for a short time only.

It was quite certain that antiphlogistic treatment would not cure this patient. The antiphlogistic treatment had been fully employed; and from her paleness and the inefficiency of previous antiphlogistic treatment, it appeared to me that the exhibition of iron was likely to be of great benefit to her. There are a number of cases of pain in the head which yield to the exhibition of iron, and not to antiphlogistic means. Those are cases in which, as in the present instance, there is paleness, debility of body, and feebleness of pulse. The paleness and feebleness here might arise from the strong

antiphlogistic means that had been employed; but as those had done no good, it was highly probable that measures of an opposite description might; but as the pain appeared seated in the periosteum, outside the head, and perhaps also in the dura mater within, I resolved to give her the benefit of what is of great use in these affections, the hydriodate of potass. She therefore took it in solution, with the carbonate of iron three times a day. She began with about three grains of the hydriodate, and two drachms of the carbonate, three times a day. On the 29th of August she was gaining her strength fast, as well as her colour and appetite. The quantity of the carbonate of iron was increased to half an ounce, and the hydriodate of potass was now as much in quantity as twelve grains to every dose. On the 1st of September her pain was less violent and her strength greatly improved. On the 12th the headache was less, her complexion absolutely florid. Up to the 17th the headache was daily decreasing in severity, and she slept well, and on the 22nd she was discharged perfectly well, free altogether from pain, having complete possession of her strength, and presenting a fine florid complexion.

In chlorosis it is a very common thing for females to experience violent pain in the head; and loss of blood only makes this pain worse. The mode in which I discover the treatment necessary in such pains, is to observe the colour of the face, lips, and tongue, and the character of the pulse. If there be paleness of those parts, and weakness and want of body in the pulse, I conjecture the case to be one which, like chlorosis, indicates the adoption of treatment which is calculated to restore the quality of the blood, and do not on any account think of employing antiphlogistic remedies. The pain of the head goes away, together with the palpitation, under the use of iron. But whenever I am satisfied that the pain is in the membranes of the head (and here it was in the periosteum), I give also the hydriodate of potass, and it is just as successful in these cases as it is in others where there is no degree of paleness. The two remedies, combined together, appeared to be indicated, one by the state of the constitution, the other by the local symptoms. Although I might have cured the pain by the hydriodate of potass, yet I do not believe that I should have done any good to the constitution by it, without giving the carbonate of iron also; and knowing how useful each was likely to be in one part of the complaint, I gave her the benefit of both those remedies.

Spasmodic or Neuralgic Pain of the Stomach.—*Creosote.*—The next case is that of Catherine O'Keefe, aged 47, a married woman, who has had four children, and not menstruated since Christmas. "About nine years ago she began to have attacks of spasmodic pain in the stomach, which occur at intervals, and continue for two or three hours, and always come on an hour or two after dinner. She has been salivated several times, and bled and blistered, but was never relieved. Nine months ago she began to feel pain and a sensation of weight between her shoulders, and a sense of burning along the œsophagus. At present she is quite free from pain, excepting when she takes food, after which her pain returns in the most agonizing manner." She can only lie on her back, and she is at all times easier in that position. The pain is always relieved by hot ingesta.

Now this was decidedly a case merely of spasmodic or neuralgic pain of the stomach, not constant, but occurring at intervals. It was not increased by pressure, nor by hot ingesta. Had it been an inflammatory pain it would have been constant, although perhaps worse sometimes than at others. The pain would have been increased on pressure, and by ingesta of all descriptions, but particularly by hot and stimulating ingesta. The pain it is true was always worse after eating, but not worse *immediately* after eating. Where the pain is inflammatory, the pain comes on immediately upon taking stimulating food. It is common in these cases of spasmodic pain to find more or less tenderness, but this is merely the result of the straining caused by the spasm, just as every one must have experienced after severe cramp in the calves of the legs. The part is found rather tender the next morning. Now I was determined to give her what I knew to be a good remedy in the disease,—creosote. Her pain was always relieved by hot ingesta, and therefore a stimulating narcotic like creosote appeared strongly indicated. I mentioned, in a paper printed in the volume just published of the *Transactions of the Royal Med. Chir. Society*, that although creosote is an admirable remedy in gastrodynia, yet that it does not produce those striking effects which attend its administration in vomiting unaccompanied by inflammation; I therefore was prepared not to expect *immediate* benefit from the creosote, nor, indeed, until I had increased it to a considerable amount. I began with two minims every six hours, on the 25th of August, and it was gradually increased until we had reached ten minims, given every four hours, without causing any alleviation of the pain. The dose was then increased to twelve, and then to fourteen minims, and *then* the pain began to lessen. Still, however, she had considerable pain, and therefore on the 22nd of September the dose was increased to sixteen minims. On the 25th the report states that she had scarcely any pain in the epigastrium; her appetite was good, and her thirst not greater. On the

3rd of October she had only slight pain occasionally. Still, however, she had *some* pain, and therefore I increased the dose of creosote to seventeen minims. On the 6th of October she was perfectly free from pain, excepting a very slight twinge occasionally, and on account of the *slight twinge* I made the dose eighteen minims, and from this time she was perfectly well. She was discharged on the 6th of October, full of gratitude, declaring that this was the first time she had ever taken any thing which did her the least good.

Now, in cases of gastrodynia, without inflammation, mercury is useless, and so is bleeding, both generally and locally. From the want of an accurate diagnosis, the remedies which are proper in inflammation may be improperly employed in cases where there is only spasmodic or neuralgic pain, and the remedies of spasmodic or neuralgic pain may be employed where there is inflammation, not only without doing any good, but, for the most part, doing mischief. We are the more liable to make mistakes in these cases, from the tenderness which is left between the interval of spasmodic pain; but if we find that the tenderness is not greater than the violence of the previous spasmodic pain may enable us to account for, and gradually lessens till the spasm recurs, we may almost always neglect it, and regard it only as a case for employing the remedies of spasm. Still, if the pain from the spasmodic attacks were very severe, it might be necessary to employ leeches and blisters, but these will not prevent the return of the spasm.

COLICA PICTONUM.—*Purgatives and Creosote.*—The next case was an example of acute spasmodic affection of the lower part of the alimentary canal, caused by lead—an instance of colica pictonum. This case likewise illustrates the great power of creosote over certain derangements of the alimentary canal; not that it was of any service in removing the colic, but in removing one of the symptoms which the colic occasioned. We have had many cases of this disease in the hospital since it was opened, and in all a very rapid cure has been effected by the exhibition of strong purgatives, combining them with creosote, for the purpose of arresting vomiting and causing purgatives to remain.

G. T., aged 27, admitted on the 25th of September, a painter, was in the hospital last April for the same complaint, and was discharged cured. He has been working in a room for the last fortnight, with the doors and windows shut, using a paint which was made of turpentine and white lead. He was then seized with severe pain about the navel, constipation, and vomiting of everything he took. This morning he attempted to walk from Carshalton to this hospital, but the pain became so severe that he fell down and was unable to move. He was brought to town in a cart. "The pain in the abdomen is excessive, but is relieved by strong pressure. He has had no stool for three days. There is great oppression; the tongue is white, and the thirst is great." Mr. TAYLOR ordered him a scruple of calomel, which was to be repeated in three hours, and an injection containing two ounces of oil of turpentine in two pints of barley-water, and this injection was repeated, the first having produced no evacuation. The second produced a copious evacuation of black feces, without pain. On account of his pulse being full he was bled to a pint, and the blood was buffed and cupped. Calomel was given him every five hours, and his bowels soon became freely opened, but one symptom remained, and that was the vomiting. He still continued to vomit everything he took. Notwithstanding, too, the free state of his bowels, he had considerable gripings, for which Mr. TAYLOR gave him half a grain of muriate of morphia; the warm-bath likewise was employed.

He gradually got rid of all affection of the intestines, but the vomiting remained as severe as before. So, on the 2nd of October, two minims of creosote in an ounce of water and some mucilage was given him; and from that moment the vomiting ceased, and he went out perfectly well on the 13th of October.

I will take this opportunity of mentioning a case of vomiting to which I was called in private practice, and which had existed for some time, reducing the patient to such a state of debility, that she was nourished only by nutritive injections, and was considered to be in great danger; but a few doses of creosote arrested the vomiting permanently, and she became perfectly well, but the case has been published,* and therefore I need not again enter into a detail of it.

With regard to CLINICAL INSTRUCTION, it may fairly be stated, that no mode that can be devised is more helpful to the student in acquiring a thorough knowledge of medicine,—the term *medicine* including both medicine and surgery. The present era has been, and will continue to be, distinguished in all times for the great contributions made to this department of science. Its advantages are most obvious. The mind is far more difficult to be fastened on a subject when it is addressed only through the ear (as in the general systematic lectures), but what obtains the cognizance of other senses (as in clinical instruction) is calculated never to quit the mind.—*Mr. Travers's Address to Students, Oct. 6.*

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* LANCET.

ST. GEORGE'S HOSPITAL.

CLINICAL LECTURE

ON

EPULIS,

WITH REMARKS ON OPERATIONS IN GENERAL.

Delivered, Nov. 3rd, 1835.

By SIR BENJAMIN BRODIE.

GENTLEMEN,—I will read to you the history of a case in which I have been operating. The patient, who is now forty years of age, "has had," as she states, "bad teeth for many years. Four or five years ago she suffered very much from what she considers to have been toothache, after which two of the back teeth of the lower jaw became very loose, and dropped out, and then, for the first time, she felt a tumour occupying the place of the lost teeth, apparently rising from the alveolar process. It was at that time firmly bound with the jaw to her face; it progressively increased in size, and at times since has given her a great deal of pain, occasionally bleeding so much that she has been considerably weakened by the hemorrhage." Thus runs the report, which proceeds to say:—"At the present time," that is previous to the operation which I have performed, "the tumour occupies about one-third of the left side of the lower jaw. It is firmly attached by a broad base to the bone. It is ulcerated on the surface; covered as it were with a membrane, something similar to that of the gum." There was no discharge from it when she came to the hospital, and it gave her no pain. She said that her grandfather had a tumour of the same kind, from which he actually died. When she was admitted into the hospital the tumour was hard, as if the greater part consisted of bony matter; but when I questioned her on the subject, she said that in the first instance it was of soft consistence. The tumour in some respects, as I will explain to you presently, differs from many of the tumours which go under the name of "*epulis*," but, nevertheless, I believe it to be one of the same kind.

In order that you may fully understand this case, I propose to give you the history of this disease. I use the word "*epoulis*,"—sounding the *pou* like *pow*,—because that is the usual mode of pronouncing the name, and the mistake has lasted so long that it is not worth while to alter it. We ought to call the disease "epoulis," with the true diphthong, because it is derived from the Greek ἐπὶ οὖλα, on the gum. This being the name given to it, so far back I believe as the time of Hippocrates, you might suppose that the disease was well understood, and that, at any rate, you would find a good account of it in some writer or other. However, I have looked in vain in books for a history of the disease, or the mode of treatment necessary for its cure, to which I could refer you, and find that there really is none. I looked into Mr. SAMUEL COOPER'S Dictionary of Surgery, because that gentleman has taken great pains to collect whatever has been said on surgical subjects, and I think that if there had been a good description of the disease, he would have found it out. But his account is this:—"*Epulis*, a small tubercle on the gums. It is said sometimes to become cancerous. The best plan of cure is to extirpate it with a knife." I then thought that I would look into an older authority, and turned to Hislop's "Surgery," published more than a century ago. He says that "*epuli* are mild, and not cancerous; they may be removed by ligature, by caustic, and by the actual cautery." This is the substance of what he has to say on the subject, though his account occupies perhaps two-thirds of one of his quarto pages. I have looked to other books, but I can find no history of it there; and, consequently, in order to give you the history, I must refer to cases which I have seen myself. I have seen a great many instances of the disease, and I dare say that I can furnish you with a correct account of its character.

This disease, according to my experience, occurs generally in women. Why it should do so I do not know, neither can I tell whether it is accidental or not. I think it hardly can be accidental, for during the many years that I have been in hospital practice, and during the shorter number of years that I have had a large private practice, it is improbable that I should have seen it much more frequently in women than in men, unless women really were most subject to it. Nevertheless I have seen it in men.

When you look at the disease in its early stage, it appears as if a part of the gum were more prominent than the rest; the prominent part is covered by a membrane like the gum, and when cut into, it is not very different in appearance from the consistence and structure of the gum itself; at least, so far as the eye can discern. On these accounts, as it looks like the gum on the surface, as it cuts like the gum, and as it is connected with the gum, so it is supposed generally to have its origin in the gum, and I cannot say that that is not its source in some instances; but yet I must own that in cases which I have had an opportunity of examining, it has appeared to me that the disease originated in the alveolar processes. I have observed that the disease is always situated by the side of one tooth, and generally a tooth is pushed out of the

socket as the disease advances. The history of the present patient tends to confirm this opinion, for she says that the teeth became loose and dropped out, and then up grew the tumour. Here is a specimen (*presenting it*) of the disease, attached to the jaw, and in which it evidently appeared to have originated in the alveolar process. In the operation, I removed with the tumour the portion of jaw belonging to it; and I found in that part of the jaw which was sawn through, and where it was not supposed that any tumour existed, that there was a substance exactly like the tumour itself, in the alveolar process. I sawed through the bone where I thought it was healthy, and there I found the socket of an alveolus, in which the structure was so exactly like that of the large tumour, that I thought it right to destroy this part. The tumour is at first small; as it advances the teeth drop out, and the tumour at last extends from one side of the jaw to the other. If the disease go on it will ulcerate and increase in size, and although in this woman it remained stationary, as any tumour may, yet it may go on to attain any magnitude. I have seen a tumour occupy the entire half of the lower jaw, so that the patient could not close the mouth; and it may go on further still, and run the course of any malignant tumour. Consider what any malignant tumour of the jaw will do, and that is what this tumour also may do. It may occupy the cavity of the mouth itself, press upon the cheek, and ultimately produce destruction of the face, so that you have a large ill-conditioned ulcer, with a tumour at the bottom of it. In short, it may run the course of any malignant disease. The patient may die, worn out from profuse discharge, bleeding, sloughing, and the want of nourishment; for all these tumours about the cheeks, jaws, and face, ultimately produce these ill consequences. The patient is unable to take food, and absolute starvation seems to be the cause of death in many cases. The tumour in itself, if it be allowed to remain, is just as bad as any carcinomatous tumour, or a tumour of fungous hæmatodes, there being this difference only,—so far as the course of the tumour itself is concerned,—that it does not make such rapid progress as malignant tumours generally do.

I have said that it may run a course similar to that of a truly malignant tumour, so far as the tumour itself is concerned. You will ask, "Why do I make this reservation; why do I say that it runs that course only in one respect?" A truly malignant tumour, such as scirrhus or fungous hæmatodes, contaminates the absorbent glands, which this tumour does not. The malignancy of the former tumours arises out of something in the state of the general system, that is, in carcinoma, or in fungous hæmatodes. Cancer and fungous hæmatodes are not local diseases, so that if you remove the disease where it shows itself, you find it rising up again afterwards, either in the part originally attacked, or, perhaps, in some distant organ of the body. If you remove fungous hæmatodes from the breast or leg, the patient may die of the same disease in the lungs, or it may show itself again in the breast or leg. So if you remove carcinoma from the breast, the patient may die of disease again returning in that part, or of disease in the lungs, the liver, or the uterus. But epulis is not like malignant disease in this respect; it does not arise out of any vice in the constitution, but is altogether a local malady. You may remove a cancer from the breast, and take away the sound parts beyond it, to a considerable distance, and yet the disease will return. You may take away the tumour in epulis, assuring yourself that you take away the whole of it, and then it does not return. When the tumour has attained a very large size, it often may return after the operation, because it is then difficult to get out *the whole* of the disease; but if the tumour be of small size, you may remove the whole, and, according to my experience, it will not recur.

There are other tumours which possess this half-malignant character. Those tubercles which form upon the cheeks, which often remain for years unaltered, and which, at last, in old age, grow, produce large ill-conditioned ulcers, and frequently destroy life, belong to the class of half-malignant tumours. These tumours are generally considered to be cancerous; but if you take away the disease in the *early* stage, when it can be taken away *entirely*, there is no return of it. You need not be afraid, in these cases, of the absorbent glands being contaminated, nor of the disease showing itself in any of the viscera. Take away the whole of the disease—go quite beyond it—and there is no return. You can do no more for the patient with epulis; it is needless to give him medicine, and try by that means to stop the progress of the disease. You must eradicate the morbid growth; and the only question left for us to consider is, how that eradication should be effected.

The mode of proceeding must depend on circumstances,—on the size of the tumour,—on its extent,—and, partly, on its position. In the greater number of cases of this kind that I see,—in private practice at least,—the disease is in the early stage, and, of course, then, the tumour is of small size, and may be easily destroyed in the following manner:—First of all, all the teeth which seem in any way to interfere with the disease must be drawn. This step must be taken before you can do any thing else. You thus expose the tumour completely, and, then, in ordinary cases, you may proceed in the following manner. If the teeth, where the tumour is formed, have been

dropped out for some time, the alveolar processes have become absorbed; otherwise, of course they remain, and this circumstance you must bear in mind. I am now speaking of cases where the tumour is small. I place the patient before the knife, and then cut off the excrescence, so far as I can get at it. If the alveolar processes remain, of course I use such a knife as can be carried to the bottom of them; but if they have been absorbed, a straight common knife will do. You then wait for the bleeding to subside, and if there be a great deal of hemorrhage, you may postpone the next step of the operation to another day, when it may be done quite as well as on the first occasion. The next step of the operation is to apply the caustic potass to the surface of the bone from which the tumour arose. You may apply the actual cautery, or nitric acid; but I prefer the caustic potass, which answers the purpose fully as well as the actual cautery, and frightens the patient much less. I think, moreover, that you know more exactly how far you go with the caustic potass than you do with the actual cautery; and be assured, also, for I speak from having employed it many times, that it answers the purpose perfectly. You should have a piece of caustic potass, with a point, so as to enter the alveolar process. It should be cut in the shape of a pencil, and be a piece of a tolerable length, and it should be fixed, at right angles, in the end of a pair of dressing forceps. Do not trust to your hands to hold it tight in the forceps, but let it be fastened on by a ligature, passed round several times; apply it to the surface from which the tumour had been removed; but if the alveolar process remains, take care that the caustic penetrates to the bottom of the process. Many prefer the caustic potass to anything else, because it does not coagulate the blood, and does not prevent the caustic from acting, and because, also, it will penetrate somewhat into the substance of the parts; whereas the nitric acid coagulates every substance with which it comes in contact, and does not sink into it; it is more limited in its effects. You may conceive that the caustic potass is very likely to run about, to surround the cheek, to burn the tongue, and to injure parts beyond those which it is your intention to injure. It will dissolve in saliva, in the blood, and in the urine, and if it were to run about it would produce very great evil. How, then, are you to obviate the effects of such an accident? Why, just as you always would avoid the effects of its application where you do not want it to operate. Whenever you employ it for the destruction of living parts, have something at hand that will act as an antidote to it, and stop its operation. If you use caustic potass, you need only have some vinegar within reach, with bits of lint to dip into the vinegar, and apply to the neighbouring texture. If you employ nitric acid, have some carbonate of potass, or chalk and water, ready to apply to protect neighbouring parts. You should never use caustic without having something by you that will destroy its properties, when the caustic is in danger of interfering with the neighbouring textures. There are some cases in which you apply the nitrate of silver (which is not a powerful caustic, and not much used for the destruction of parts) to the inside of the eyelids. Always have something at hand on such occasions to stop its operation, and the best antidote with which I am acquainted is common oil, which stops its action presently. But, to return.

Having removed the part with the knife, apply the potass to the surface, by which you will make a slough of the neighbouring parts, and destroy the surface of the bones. If the disease has descended to the alveolus, and the alveolar process is not absorbed, a narrow piece of caustic is to be introduced into the bottom of the process. This may be done at the time of excising the tumour, if there be not much hemorrhage; but if there be, then it is better to defer the application to another day: no harm arises from waiting, and you never can apply the caustic to much advantage when there is much hemorrhage; that was the reason why I only applied the caustic slightly to-day. You should always examine the part afterwards, in order to ascertain if you have left any portion of the tumour undestroyed. If you have, it may be removed by a knife, or by the caustic potass, afterwards. It is not often necessary, but still, where the comfort or the life of the patient is at stake, you should exercise this precaution.

In this woman's case a good deal of the tumour was composed of bone; it had a hard bony base, and it was evident, from her account, that the bone began at the base, and had grown from thence, for she states that the tumour in the first instance was of soft consistence. Any tumour which is attached to bone, is liable to have bone grow into it afterwards. I have seen a large fatty tumour, with a large process of bone, at last, grown on to its base. It was evident that the knife in this case would not take the tumour away. It might have been removed with a small saw. The cheek being held back, the saw might have been introduced, with the finger, so as to cut off the tumour; but these bone-nippers are much more convenient for that purpose; they take off the tumour quite as smooth as the saw, and in a much shorter space of time. They are simply a modification of the common bone-nippers, which are used for removing portions of bones at the ends of stumps. A pair however may be made, as I have had these made, specially for the occasion,—just adapted to the shape of the tumour, and fitted to embrace its face very

nicely. The forceps that I show you contains a mechanical improvement contrived by Mr. Weiss, who is certainly a very ingenious person, and whose numerous inventions have been of eminent use in surgery. They move with a double lever, so that much less force is required to take off a bony tumour than is requisite with the common nippers. They were only brought home two days ago, and, as I had not used them before to-day, I was surprised to find how little force was necessary to take off this tumour—a child, with these nippers, might have pinched it off with the forefinger and thumb—of course, therefore, these nippers are very advantageous to the operator.

Although there are many cases where the knife will not answer the purpose, and where the bone-nippers will, yet the latter will not always do, for in other cases the tumour has attained a very large size, and occupies so great a part of the jaw that the nippers are not safe as an instrument which must leave no portion of the tumour behind. Here is a specimen in which it would not have been safe to leave any part of the jaw unremoved. Here is another specimen, in which a portion of the jaw might have been left, but still it did not appear to me at the time to be safe that any part should remain. I dare say that in some of those cases in which the whole ramus of the jaw has been taken away, the disease has been of this kind, and, having occupied the whole of the jaw, the cure required that the whole of the jaw should be removed. In general, however, we are only called upon to take away a portion of the bone. The specimen I now present was taken from a private patient on whom I operated something less than a year ago; and here is another on which I operated about a year and a half ago. The latter patient came to London on account of the tumour on the jaw, a surgeon accompanying her to town. It appeared from the extent of the tumour to be doubtful whether it could be taken away without removing the whole of the jaw. I performed the operation in the following manner:—I first made an incision down the back part of the cheek, then another round the ramus of the jaw, and another on the front of the cheek. I then turned up the flap, and thus made a sort of window, or port-hole, in the patient's face; it was a sort of shutter; in fact, a circular flap of the skin of the face and cheek was detached, excepting at the upper part. This flap was then turned up so as to expose the bone, which was then separated from the healthy parts, on the inside and below, with a saw. Of course the teeth in the neighbourhood had been previously removed. The flap of skin and flesh afterwards came down into its place, the parts were brought together by the interrupted suture, as in the operation for hare-lip, the wound healed by the first intention, and in only about eight or nine days afterwards, I believe the patient was so well that she commenced a journey home—a distance of no less than a hundred miles. It was quite remarkable how slight an appearance the scar made in the face. You could just discern the three lines, but you could hardly tell, without looking closely at the patient, that anything had been done. I heard of this lady two or three weeks ago, and she then continued perfectly well, and a gentleman told me that you could hardly observe anything different in the face from what there was before the operation. You will think it remarkable that there should be so little disfigurement. You would suppose that a portion of the jaw being taken away, the side of the face would be shrivelled, and the chin turned on one side. This we should think is what ought to happen, but it is not what really does take place. The space from which the bone has been taken away becomes filled up with ligamentous substance, which keeps the bones asunder, at the same time binding them together. The patient feels that she has lost some of her teeth on that side, and she cannot masticate there, but she can masticate very well on the other side.

In the other patient the tumour was of a larger size still, and I performed the operation in the same manner; the edges of the wound were brought together by sutures, and all but a small portion united by the first intention. When I took the tumour hence—and what I am now about to mention is the most interesting part of the case, and, perhaps, one of the most important observations that I have made,—I found the alveolar process behind, having in it some exactly similar structure to that of which the tumour was composed, and I had cut through the middle of it; and when I looked at the patient's mouth, two days afterwards, I found, true enough, what appeared to be a tumour, occupying the alveolar process behind; and, more than that, I found a very small portion of the tumour attached to the bone in front, a small slice of it. This was easily taken off, and I then introduced a very narrow piece of caustic potass into the alveolar process behind, where the remnant of the tumour seemed to exist, and destroyed that remnant. I repeated this operation more than once, in order that I might be quite satisfied that the destruction of the part was complete. This made the cure a little more tedious than in the other case, where the subsequent application of caustic was not necessary. Some exfoliation of bone took place; some of the exfoliating bone came out of the mouth, and another portion of it broke open the adhesion, but notwithstanding these drawbacks, the cure was very soon completed, and the patient,

whom I saw only a few days ago, has since continued quite well. You can feel a strong ligament formed in the part where the bone was taken away. The bones are very little drawn together, for a strong ligament keeps them asunder and binds them at the same time. The chin is in the middle of the face, and if you look attentively at the patient, you see one side of the face a little different from the other, but this you would not notice except you looked particularly at it.

In the case of the patient in the hospital on whom I have just operated, I have, as I told you, already applied the caustic slightly; the application, however, may not be quite sufficient, and if so, I shall apply it again on another day.

OPERATIONS IN GENERAL.—As we have ten minutes to spare, I will make a few observations on another subject. A man came into the hospital, lately, with a large tumour on one side of his face, to have the tumour removed. I had seen him in the summer, and then finding the tumour comparatively small, I recommended an operation; but going out of town, I did not see him again until a short time back, when a day was fixed for the operation. He wished it to be performed on the third day, but before the second day came he went away; and, indeed, I do not know that he was very unwise in so doing, for I certainly had then great doubts as to the success of the operation. In fact, though I recommended the operation when the tumour was small, yet now the tumour was very large, growing at a great rate, having very much of the character of fungous hæmatodes, and, apparently, considerably attached to the surrounding parts.

You will ask, if I did not recommend the operation, why did I propose to perform it? Why, because the man came in to have the tumour removed, and considered that nothing else could be done for him to avert death, though the operation would probably not prevent a fatal termination, and because also my colleagues thought the operation should be performed. I had little faith in the operation, but I thought it practicable, or if not, that I should discover sufficient in time to prevent any harm being done. The condition of the man could not be made worse, and might be bettered, but still I did not recommend the operation.

You will ask why it was an unfavourable case for operation. Why, first, the disease had very much the character of a truly malignant disease, it did not even seem to be half malignant, but much resembled fungous hæmatodes, or something of that kind (for these tumours differ but very little), and it was growing at a great rate. Secondly, it was so attached to the neighbouring parts, that even if not malignant, it was very likely that some portion might be left in spite of all my care, and from which the disease might be regenerated.

Now allow me to say a few words concerning cases in which operations should or should not be performed. When I was a young hospital surgeon, I had a very high opinion of operative surgery, and I thought that in every case where nothing else could be done, an operation should be performed; but I think *now*, from experience, that we should be more circumspect in selecting cases for operation—that the danger of the operation and the chance of recovery ought to be well considered. A dangerous operation ought not to be performed, except where there is still greater danger to be apprehended if it be not performed, and not even then, unless the patient be made aware, at least in some degree, of the risk to which he is subjected. But the question, in many cases, is also one of ultimate success. A child has scrofulous disease of the knee, and disease in the lungs and mesenteric glands. The knee is very bad; you say that you cannot make a cure by medicine; you amputate; the stump heals; the internal disease directly makes more rapid progress than before, and the patient dies. The operation could not prolong life, which, however, it is always our business to extend as far as we can. A woman has a cancer of the breast; you amputate it; she lives even for two years afterwards, and you say that the operation has been successful; nay, if she live but a whole year, it may be supposed that she has gained something by the operation. But if the disease returns in three or four months, the patient gains nothing by the amputation. She has suffered great pain, and a certain extent of danger (from which the operation is never free), and she dies at last of the disease for which amputation was performed. A great number of similar examples might be presented. You may say, "the patient was not made worse; no harm has been done." But I say that harm has been done, for the patient has undergone great pain and anxiety, as also have the friends, which might have been avoided. And society suffers a still greater harm. Every operation which fails, makes a deep impression on the minds of the patient's friends, and you may be assured that every such operation prevents two or three patients from undergoing an operation in cases where it might be successful. Therefore our duty to our patients, the credit of the profession, and the good of society at large, require us to avoid operations which do not hold out ultimate hopes of success. You must, I grant, perform many operations which eventually will not succeed, because you cannot always say before the trial is made that there is no chance of success; and you should give the patient a chance, where he himself desires it, and you really see that an operation offers one,

though you know pretty well that even if it succeeds for a time, the success will not be permanent. Let me, however, repeat the important observation, for it is one not sufficiently borne in mind, that the failure of any operation prevents some patient or other from resorting to an operation where it would succeed, and thus every failure does harm to our art, and is injurious to society.

You will next say,—"Can you give us any rules as to when operations should or should not be performed?" I reply, of course there can be no rules, for every case may require a distinct consideration; but we may venture to lay down rules to the following effect:—A patient labouring under organic disease of any kind is a bad subject for an operation. If, therefore, you see a patient with disease in his knee, who has a sallow countenance, looking as if he had disease in the liver, and you find on inquiry that there is reason to believe that he labours under visceral disease, I should advise you not to operate in that case, for after amputation he would have a sloughing stump, and the wound probably would not heal. If a patient has a calculus in the bladder, and the bladder be much diseased, avoid the operation, for he will die. If he has a stone in the bladder and there is organic disease in the kidney (I am not speaking of a deranged action of the organ, or of alkaline urine, but, really, organic disease of the kidney), do not operate, for he is sure to die, not, perhaps, in the first week, but, probably, in a fortnight or a month. You should be very careful as to an operation in all truly malignant diseases. I do not allude to what may be called "half-malignant" diseases, but truly malignant affections, such as cancer or fungous hæmatodes, and the numerous varieties of those two classes. Surgeons formerly were very ready to amputate any woman's breast which had in it a scirrhous tumour; now they are very careful how they amputate. I suppose that I do not recommend the operation for scirrhus in the breast in one case out of threescore. You will see a vast number of these cases here, both good and bad, for all come to London to get the opinion of a medical man; and even in those cases in which I recommended amputation, the operation has much more frequently failed than succeeded, even with all my care. I have known several cases in which the operation has been performed by other surgeons, after I had recommended the patient not to undergo it, and in every one of these cases it has failed. Some of the patients have died immediately afterwards, and some have lived for a short period only. In all these malignant diseases the operation is attended with some hazard, for though the disease be in an external part, it is often complicated with visceral affection; and though the operation does not prove fatal at the time, yet there is always very great probability that the disease will ultimately return. I do not say that you are never to operate in malignant diseases. That would be wrong, and very foolish, for sometimes the patient may be cured, and at other times a beneficial result may extend to one or two years. It is better for a patient to die of disease of the lungs, than of hemorrhage from a cancer of the breast. In some cases, then, you give the patient a respite, but you must be very careful and circumspect before you recommend an operation in malignant disease.

The simple operations form the best part of surgery,—I mean that they constitute that part of it which confers the most credit on the profession, and produces the greatest good to society. By what are called "simple" operations, how many diseases which would have become structural are nipped in the bud; and how many patients are cured of diseases which would become most distressing, but for these slight operations! And the small operations of surgery have this advantage, that for the most part they are not attended with danger. But even in small operations you are to be very circumspect. A patient may die of erysipelas after a small operation as well as after a great one. Be careful how you operate in seasons when erysipelas prevails,—when you hear medical men saying that they have had many cases of erysipelas. Take care that the patient is, if possible, always in good health, before you perform even a small operation. If the patient be a dram-drinker, or if he be one of the higher classes, and not a dram-drinker, but a person who indulges freely in wine, and is guilty of other irregularities, be careful in operating. Many persons who have been accustomed to live well, especially drinkers of spirituous and fermented liquors, will die even after a simple operation which you have been obliged to perform. I once saw a lady who—not a lady-like accomplishment certainly—got drunk by herself in the morning, who died from diffuse inflammation of the cellular membrane, attended with sloughing, after the mere puncture of a very small encysted tumour. There is another class of patients in whom you should be careful how you perform operations, viz., women of the higher classes of society who are of a very nervous and hysterical habit; and, indeed, all persons who have a very bad state of the nervous system, or who belong to families in which mania has prevailed. Do not operate upon them except you are compelled to do so. I have known several hysterical ladies who appeared to have no other peculiar circumstance connected with them than that of being very hysterical and nervous, who have died, in a strange and unaccountable manner, after very trifling operations.

I have made these observations now, because, having time, I thought it as well to take advantage of the circumstance to say a few words on this important subject.

WESTMINSTER HOSPITAL.

CLINICAL LECTURE

ON A CASE OF

EMPYEMA,

Delivered November 3rd, 1835,

By Dr. ROE.

EMPYEMA.—*Paracentesis Thoracis.*—*Autopsy.*—I intended to-day, gentlemen, to address to you a few observations on the important subject of clinical medicine; but the death of Charles Dyson, who has been for some months in the hospital, labouring under empyema, has given us an opportunity of exhibiting the morbid appearances which are found in that disease, and I think it will be more profitable to you to take advantage of this interesting occasion, to direct your attention to the symptoms under which this patient laboured, and the morbid appearances which the examination disclosed.

In the month of June last I was requested by our benevolent chaplain to visit this man in Regent-street, Westminster. I found him pale and emaciated, lying on his right side, coughing frequently, and expectorating a considerable quantity of frothy mucus. He told me that his case was considered to be one of consumption, and that he had been given over by his medical attendant. I recommended him to come into the hospital, which he accordingly did in July, and the following is the report of his case at that time:—Age 48; by trade a bricklayer, of a pallid countenance and sunken cheeks; complaining of cough, with frothy mucous expectoration, difficulty of breathing on moving in bed, but not so much so when he lies quietly; great debility and loss of appetite; his respirations were only twenty in a minute, but his left side moved very little on taking the full inspiration; his pulse was 86, soft and feeble. On percussion the left side elicited a very dull sound, both anteriorly and posteriorly, and over and under the left clavicle. The sound on the right side was tolerably clear. The respiratory murmur was inaudible at the left side, except over a small space close to the spine. On the right side it was bronchial and puerile, and it was accompanied with a mucous rattle. The heart's pulsations could not be perceived at all in its natural position, but it was felt distinctly on the right side of the sternum. The left side measured about half an inch less than the right. Its intercostal spaces were obliterated, but no metallic tinkling could be heard. It could scarcely be said that any change of the sound elicited on percussion was produced by change of posture. His tongue was red and moist, and his bowels were torpid. He said he had enjoyed tolerable health until within the last five years, since which period he had been troubled in foggy weather with a cough of an asthmatic character, early in the morning and at night, but he had been able to follow his employment, until fifteen months ago, when he caught a violent cold. He states that he has never had pain in the left side, nor has he to his own knowledge ever had a pleurisy.

Now what disease does the history of this case indicate? The dulness all over the left side of the chest could only be produced by one of the following causes:—1st. A lung completely *hepatised*, or completely tuberculated. 2nd. An extensive abscess occupying the whole lung. 3rd. *Effusion* into the cavity of the pleura. Now the lung could not have become *hepatised*, nor could so extensive an *abscess* have been formed, without very severe preceding inflammation, but of which we have no notice in his history. It would have been a very uncommon thing to find one lung so totally tuberculated, as to be dull every where on percussion, and to be void of respiratory murmur, while the other lung was free from disease, and the expectoration exhibited no appearance but frothy mucus. Again, neither his countenance nor his cough was by any means indicative of phthisis, and though the lung had been condensed by the deposition of tuberculous matter, yet this could not explain the cause of the displacement of the heart. We therefore concluded that the dulness on percussion was not produced by any of these conditions, and very extensive *effusion* was the only remaining cause. That would satisfactorily explain all the phenomena,—viz., the displacement of the heart on the right side, the general dulness on percussion, and the absence of respiratory murmur every where except at the root of the lung, where it was probably pressed against the spine and was condensed by the pressure of the fluid. Now to this supposition there were these objections,—effusion of serum or secretion of pus is always preceded by inflammation, of the severity and duration of which the patient usually gives a distinct account. Now such things were noticed in this patient's history; but it is a well-known fact that the secretion of pus is not only a consequence of very acute pleurisy, running a rapid course, and terminating in the secretion of pus in ten or eleven days; but it also arises from that chronic state of inflammation of the pleura which

goes on without the patient being aware of its existence. Again, where the pleura contains fluid, œgophony is often heard. But the absence of œgophony in this case was satisfactorily accounted for by the immense quantity of fluid which his chest must necessarily have contained, if it contained fluid at all. You know œgophony is perceived in the commencement of pleurisy, or, rather, in the commencement of the effusion of serum, before the quantity effused has been considerable; as the effusion goes on, the œgophony disappears, and, as the effused fluid becomes absorbed, the œgophony reappears; therefore, the absence of œgophony constituted no ground of objection to the presence of fluid in the chest.

Now, as to the measurement, it is true that from whatever cause fluid becomes effused into the chest, in an early stage, the measurement of the chest is increased; but if it continues long in the cavity, and any attempt is made by nature to perform a cure, then contraction of the chest takes place, and you no longer find the enlargement. A change in the sound elicited by percussion is also generally produced by a change in the posture of the patient; and this is one of the most important signs, and one that is the most to be relied on, in examining effusion into the chest. The part which sounds dull in a depending situation becomes clear when the position is reversed, from the floating of the respiratory portion of the lung in the fluid. Now the absence of this sign in this case is to be accounted for under the supposition that the lung has been bound down to the spine, so that it cannot change its position. On whatever part of the chest, therefore, percussion is employed, it must be over fluid, unless we except that part where the lung was compressed against the spine. The sound therefore must every where be dull.

From the consideration of all these circumstances, it seemed almost certain that the patient was suffering from the effusion of a considerable quantity of fluid in the chest; and it was more than probable that this fluid was purulent, from the circumstance which I have just mentioned, that it is acute pleurisy, which, more generally than anything else, terminates in the effusion of serum. However, to make the matter perfectly certain, I passed into the chest a needle, invented I believe by Dr. DAVIES of the *London Hospital*, which may always be introduced with the greatest safety. Sir BENJAMIN BRODIE, I have been informed, has introduced this needle into the cavity of the joints with perfect safety. It is made like a trocar, with a groove running through it, through which fluid may escape; and on introducing this needle into the chest in the case of Dyson, a turbid fluid flowed out, leaving no doubt that the disease was *empyema*, or, in other words, that the cavity of the chest was filled with pus.

Now the death of this patient took place a few days ago, and we took out the diseased parts for the purpose of showing them to you, because you cannot form a correct notion of the manner in which this disease is to be cured, without a correct knowledge of its pathology.

The external appearances of the body were not unusual. There was very great emaciation. On removing the sternum, the *heart* was observed to be pushed completely over to the right side, being seated beyond the middle, and to the right of that bone. On removing the ribs of the left side, a large cyst was opened, which occupied the whole cavity of the *left pleura*, that viscus being compressed on the spine, and occupying a space scarcely bigger than a closed hand. This cyst contained about eight pints of seropurulent fluid. The walls of the cyst were thick enough to allow of its being dissected from its costal attachments, and presented numerous corrugations. A band of dense membrane, as thick as the finger, extended from about the sixth rib to the inferior edge of the lower lobe of the left lung. It was this which, doubtless, prevented all the fluid from being drawn off in the operation. No connection could be traced between an abscess* formed between the third and fourth ribs and the cyst. The abscess seemed confined to the muscular substance. The *right lung* was studded with minute tubercles. The *liver* was granular, congested with blood, and myristicated. The *kidneys*, in like manner, were a little paler than natural. No other morbid appearances were observed. Here, gentlemen, are the parts. They have been steeping in salt, and are somewhat altered in colour. The lung is condensed and pressed down against the spine. The pleura is thickened, corrugated, and covered with layers of coagulable lymph. Here is the band passing from the lung to the inside of the ribs. This lung was not impervious to the air, for when it was taken from the body it could be dilated by a pair of bellows to some considerable extent. This other lung is much more solid than it ought to be, and by cutting it open you will observe some few tubercles in its substance. You observe, therefore, the morbid condition of these parts,—the thickened and inflamed state of the pleura, the dense state of the lung compressed against the ribs, and the distension of the cavity of the pleura with fluid, which pushed the heart completely over to the right side.

Now what is the mode by which a cure is to be effected in such cases? Whenever a cure takes place, it must be by the adhesion of the pleura which covers the lung, to the

* Vide last para_raph but one of the lecture.

pleura which covers the ribs. You will therefore see that it is indispensably necessary, in order to promote a cure, to take care that the fluid be evacuated from the chest. You see always in a person who recovers from empyema, that the shoulder falls, and that the ribs are drawn in, so that the admeasurement of the diseased side of the chest becomes less than that of the other side, and you will see by drawings the very great contrast that exists between them. Well, then, if you bear this in mind, you will see the absolute necessity of getting rid of the fluid, and consider it as absolutely necessary to bring the pleura pulmonalis in contact with the pleura costalis.

Now, then, the first question is, how is the fluid to be got rid of? There are three ways of getting rid of the fluid, namely, absorption, spontaneous evacuation, and the operation of paracentesis. Now such a thing has occurred as the absorption of purulent fluid in empyema. Billard relates a case where it appeared that the fluid was absorbed, and as the patient had been taking acetate of ammonia, he attributed the absorption to that medicine; but that is very rare. Spontaneous evacuation is not so uncommon, and it may take place in either of two ways,—by ulceration through the pleura costalis, and discharging itself externally, or (which more frequently happens) by opening a passage into the bronchial tubes, and discharging itself by expectoration. I met with a very singular case of this kind in the month of February last. I was called to see a servant living in South-street, Grosvenor-square, and the symptoms under which she laboured were these:—great difficulty of breathing, respirations forty a minute, frequent cough, expectoration of thick mucus, pulse 120, skin exceedingly hot, face flushed, great thirst, and loss of appetite. She was bled immediately, and took large doses of digitalis for three days, and at the end of that time, suddenly, an expectoration of most offensive purulent matter appeared. So offensive was it as to render it scarcely possible to remain in the room with her. She was a person of a peculiar temper, and it did not occur to me at the time to think it probable that this girl, after an attack of so short a duration as three days, had such a disease as empyema. I did not examine her, therefore, with the stethoscope, but I gave her three grains of the superacetate of lead, one grain of digitalis, and a grain of opium, three times a day, and to my great surprise the expectoration totally ceased in twenty-four hours. She recovered her strength, the difficulty of breathing subsided, and in three weeks from the first attack, she went down-stairs, weak, but tolerably free from disease. She then became exposed to cold, the difficulty of breathing suddenly returned, and expectoration of the same offensive character took place almost immediately. Hectic flushes of the cheeks followed, and a pulse exceedingly rapid and exceedingly feeble. I examined her chest, and found it almost everywhere duller than natural on percussion, and the respiratory murmur was only very indistinctly to be heard, particularly at the posterior parts. Nevertheless it was heard; but all around it, through the fluid; œgophony was very distinctly evident under the left scapula. She was then in so perilous a state that I consulted Dr. Edwin Harrison, who I believe to be the most skilful physician in London in detecting pulmonary disease, and he confirmed the opinion that it was a case of empyema. The opinion of Sir Henry Halford was asked by the wish of the girl's master, but Sir Henry, on the ground that it was not yet necessary, objected to what I very much wished to have performed, that is, the operation of paracentesis, as there was possibility of the girl dying, even were it performed. I did not press it against such an authority as his. I examined the chest very carefully, and found there was some tenderness on pressure. I applied cupping-glasses over it very extensively, and abstracted a small quantity of blood, only ten ounces. I supported her strength by strong beef-tea, and gave her as much as her stomach would bear of sulphate of iron. She immediately began to improve, and her strength increased. The expectoration still continued, but at the end of nine weeks it had almost totally ceased, the respiratory murmur had returned in almost every part of the chest, and the dulness of sound on percussion was not altogether gone, but very much diminished.

You will observe that this was a distinct case, in which there could not be any possible question of the spontaneous cure of the disease, empyema, by the evacuation of the fluid contained in the cavity of the chest, through the bronchial tubes; but whether the cure takes place in such cases by absorption, or by the spontaneous evacuation of the fluid, the cures are exceedingly rare, and if you wait for any considerable length of time, and the patient's strength becomes very much reduced, the operation of paracentesis may be performed with much less prospect of success. It therefore becomes exceedingly interesting to inquire what are the chances of recovery; or, in other words, what does the result of observation teach us in those cases in which paracentesis has been performed. Dr. Davies, who has performed the operation in ten instances of empyema, gives a table in the "Cyclopædia of Practical Medicine," in which he states that eight out of the ten cases operated on, recovered; five of the patients were under six years of age, one was aged between eighteen and nineteen, and two about twenty-five years old. Now observe the

proportions. Of those who were under six years of age, five cases recovered, and the reason is this, that the greater elasticity of the ribs, and the tender state, altogether, of the bones, makes them much more disposed to yield to the pressure, so that the pleura costalis and the pleura pulmonalis can be brought the more readily into contact, which is the point of cure.

You see, then, according to this, that the probabilities of recovery, when the operation of paracentesis is performed, are eight cases out of ten. In the medical journals of the 30th of November, 1833,* there is a case of a child, seven years of age, who was operated on by Mr. WOOLEY, of Brompton, and he had the goodness to invite me to see the operation. It was an exceedingly weak and emaciated child, and presented the symptoms which I have just related, indicating empyema. The operation was performed, three pints of purulent matter were evacuated at once, and a considerable quantity of air entered at the operation, to which fact I beg your attention. The wound was suffered to heal, and the child was supported by nutritious diet, but in the course of three weeks there was reason to suspect that some fluid had again been secreted in the chest. The operation was performed a second time, and a smaller quantity of purulent matter was evacuated. Again air was admitted, and from that time the child went on gradually improving, so that in a short time his respiration became perfect on that side. The chest on percussion was perfectly clear, and the child is, I believe, at this moment, in perfect health.

Now, as to the time of operation, I believe that it should be as soon as possible after the disease is detected, and I think the instance which is before us is a clear proof of the correctness of that observation. When fluid is allowed to remain a considerable time in the cavity of the chest, it will of necessity compress the lung against the spine; and if adhesion of the lung against the spine takes place, you will see the very little probability there is of effecting a cure. It is, therefore, a matter of very great consequence to perform the operation as soon as you possibly can, because in the early stage it is almost certain that no adhesion of the lung has taken place, that the lung is free, and that the process of cure will, in all probability, go on without interruption.

Now the next question, and one of very great importance it is, is this, whether the wound is to be allowed to heal immediately, or the canula to be left in. The reasons for advising that a canula should be left in are these, that the sudden evacuation of so large a quantity of fluid is apt to produce very great debility; and that, if you were to evacuate the whole of the fluid at once, you would allow a quantity of air to be admitted, which is considered to be highly dangerous.

Now with respect to the evacuation of a quantity of fluid. Here was a child in an exceedingly emaciated condition (I am now alluding to Mr. WOOLEY's case), where all the fluid in the cavity was evacuated, without the child suffering in the least from the evacuation. Again, we have had several cases in this hospital,—one a very remarkable case, in which six pints of serum were evacuated from a man's chest, without any injury being produced from it. Certainly, therefore, as far as my experience goes, and as far as I have been able to examine the cases that have been published, I see no reason to believe that the sudden evacuation of fluid is, of necessity, at all dangerous. Nay, more, I believe that the space which the fluid occupies is filled, in a very great measure, by the air that is admitted, and the presence of this air does no harm whatever. In Mr. WOOLEY's case, on both occasions of the operation, a considerable quantity of air was admitted, and neither time did any bad symptom follow. In the case of the man who was operated on in this hospital, a very considerable quantity of air entered, and occupied the place which six pints of fluid had recently occupied, without any symptom of inflammation supervening. But in the course of two or three days it appeared as if a greater accumulation of air had taken place. The lungs on that side afforded less marks of respiratory murmur, the sound on percussion was preternaturally clear, and the breathing became exceedingly difficult. Mr. WALSH, who is now practising at Worcester, devised a most ingenious little canula, to which a piston was attached, not much larger than this needle. This was introduced into the chest, and the air was pumped out. No inconvenience followed the use of the instrument, and the patient went on to a perfect cure. I see no reason, therefore, for concluding that the presence of air is necessarily a source of danger.

Now as to the place of the operation. LAENNEC advises that it should be performed between the fifth and sixth ribs; and the reason he gives for the advice is, that when the lungs are diseased, the attachment takes place more frequently between the superior lobe and the pleura, immediately under the clavicle, and between the lower lobe and the diaphragm, and the centre lobe is generally the freest. Again; it happened to LAENNEC to pass a trocar into what he supposed to be the cavity of the chest, without fluid following the introduction, and it was found upon examination, that the trocar had not passed into the cavity of the pleura at all. Now on the left side there is not so much need of precaution, but on the right side you must always be aware, that sometimes the liver is very greatly en-

* See LANCET, No. 535, page 338.

larged, and rises a great way into the region of the pleura; and as dulness of sound on percussion may often arise from the liver being pushed up, and without any fluid being present, it will be necessary in performing the operation on the right side to be very cautious, remembering that you are in the neighbourhood of the liver, but you will be almost certain to pass the instrument into the cavity of the chest, if it be introduced between the fifth and sixth ribs.

But this is not all. Adhesions frequently take place between portions of the lung and the ribs, and, therefore, even this direction is not sufficiently minute. In Mr. WOOLEY's case the lung adhered posteriorly, almost completely, so that on putting the ear to that part of the chest, you heard the respiratory murmur distinctly, but as the ear was brought forward, you found the respiratory murmur was almost inaudible. It therefore became necessary, instead of puncturing between the fifth and sixth ribs, close to the latissimus dorsi, to bring the instrument still further forward, and to choose that part where all sound of respiratory murmur was absent. Therefore, before you attempt to perform the operation, you ought to examine with great caution, and ascertain that no respiratory murmur is present, and to be perfectly aware of the possibility of adhesion between the lung and pleura.

Now having said so much upon the nature of the disease, and the mode which is adopted in order to effect the cure, we will conclude the history of Dyson's case:—On the 9th of July a flat trocar was introduced between the fifth and sixth ribs of the left side. On pushing it in, at first it seemed to carry the pleura before it, for on withdrawing the trocar from the pleura no fluid followed; but by plunging it suddenly in, the pleura was punctured, and about twenty-eight ounces of a turbid yellow serum, with flakes of floating lymph, were thrown out. The chest emitted no clearer sound after the operation had been completed than it did before. On the 11th, the patient is reported to have remained much in the same condition; his breathing was somewhat good, and his general health was improved, but the left side was not in the least degree clearer on percussion than it was previous to the operation. Severe ptyalism came on after that, from a small dose of calomel and rhubarb given on the 14th, the effects of which continued to the 31st, after which time his general health seemed daily to improve, and he was able to sit up for several hours in the course of the day.

August 15th. He is reported to have continued much in the same state. Since the operation the breathing has been quieter, and the general health much improved, but no increase of respiration has taken place on the affected side. On the 1st of September his cough became very troublesome, and his breathing somewhat short. On the 7th of September he was ordered iodine and hydriodate of potass. On the 27th of September a tumour was observed between the fifth and sixth ribs, on the left side, soft, elastic, and fluctuating, and of about the size of an orange. BRODIE's needle gave evidence of purulent contents. A seton needle was passed through it, armed with a skein of silk, and the contents of the tumour were evacuated. A discharge was kept up, supposing the tumour to be connected with the interior of the thorax. Four days afterwards he was reported to feel much easier. The seton went on discharging, but not in such quantities as to warrant a supposition that it communicated with the chest. The discharge was of a thin purulent character, and the patient now seemed to be losing strength daily. On the 15th he was considerably worse; he could not then sit up, and he suffered much from difficulty of breathing. On the 19th there was lividity of the countenance, blueness of the lips, coldness of the extremities, and depression of breathing, which symptoms increased until the 22nd, when he died.

The one thing of chief importance in this case was, that, when the operation was performed, though such a considerable quantity of fluid was in the cavity of the chest, only about eight-and-twenty ounces were withdrawn. We felt at a great loss to account for this, for there was not the slightest doubt that a great quantity of fluid still existed in the cavity. We thought it possible that the circumstance might be accounted for by the pleura having been sacculated. You will find cases published by Dr. TOWNSEND in the *Cyclopædia of Practical Medicine*,—there are one or two mentioned,—in which the adhesion took place at different parts, forming three or four distinct cysts containing fluid. We thought this might have been the case here, for on passing the needle higher up, a short time afterwards, the fluid again escaped, showing clearly that there was still a considerable quantity remaining; but I now believe the explanation of all this to be, that, from the position in which the man was lying, the canula must have come against this band, which, as I have already shown you, existed, and which prevented the evacuation of the fluid. But you may ask then,—"Why not have performed the operation again?" Why, the reason was this; the man took two grains of calomel, combined with ten grains of rhubarb, to open his bowels, through which ptyalism came on, and the man became so exhausted as to make it evident that all hope of recovery was gone; we did not, therefore, think it right to submit him to the further pain of another operation, because, even though we had succeeded at this time in evacuating the fluid, it could not have been attended with success. His strength was then supported

as much as possible, and nothing more was done than to alleviate, as far as we could, symptoms as they arose, until his death. I must, however, say, that if a similar case were to occur again (and this is admitting that we did not do all we might have done), I should certainly perform the operation, because I believe there could be no possible hope of curing the man except by the evacuation of the fluid from the chest.

ON THE

TREATMENT OF FRACTURES

WITHOUT THE AID OF SPLINTS.

By W. C. RADLEY, *Esq., Surgeon, Newton Abbott, Devonshire.*

(Concluded from page 251.)

THAT donkey-like emulation which makes "every ass think his own bray the best," would be extremely diverting, were it not true that struggles for place and precedence cause the great interests of humanity to be neglected or forgotten in the contest. In our noble profession it has long appeared to me, that whatever is written, which does not either directly or indirectly tend to the alleviation of suffering, is so much time wasted, and so much talent misapplied.

It is sickening to observe the rage with which novelty in medical science is pursued, while every-day cases are little understood, and therefore ill treated. Yet in spite of neglect, how frequently do we discover cases that have gone on unassisted, or have even been maltreated, which, with a little setting right, have ended happily! The *vis medicatrix naturæ* in the case of fracture,—a cause of suffering that daily furnishes abundant sources of observation, and for the cure of which so little has been done in the way of improvement since the days of Hippocrates,—is that portion of our art to the consideration of which I am now striving to direct attention. How often have I seen accidents made worse by meddling ignorance, or by the supererogatory offices of mistaken aid, yet ultimately triumph over all those retarding checks! This voluntary power of reparation is the true *magni Dei datum* to human nature, and "not cinchona bark," as a popular doctor once said. This power, however weakened, is always ready to assist us in surgical curations, and only waits to be guided or followed aright, to fulfil our intentions.

In the former part of my paper, cases of fracture in a middle-aged man, in an old and feeble woman, and in a very robust subject, were detailed, all of which were cured by the splintless method.

CASE 4.—The next case I shall mention occurred in August 1830, in a weak little girl,' about five years old, who was being carried in the arms of her sister, when both fell together, and the younger had her thigh simply fractured. The name of the child was *Towse*, and she lived in Newton Bushel. The bones were brought into apposition on a pillow, a bandage was applied, and some isolated slips of thin mahogany *veneer*, were lightly placed here and there over the course of the fracture,—for show, not for use, not exerting any effect. My reason for placing them so, was to propitiate the ignorance and prejudice which always strenuously contend for retaining old forms. I thus affected at that time to do as others did; but not so now. The child remained under the evaporating action of a moist bandage, in an easy state, for four days, sometimes half sitting, resting on her elbow in bed, and playing with her fellows. She ate and drank as usual, and slept without disturbance, for the limb was placed in the natural position, which I in a great degree had let her choose at the first, and which she said was easy to her. Would she have so lain at ease with her little thigh outstretched upon a splint? Or even with a rather tight bandage around it? Certainly not. Where there is the least feeling of restraint in such cases, I have never found ease. Observe a child asleep, and note its natural and "easy positions." What an admirable passage is this on position in fractures!—"The most easy position of the limb is that which is usually chosen by a person who is sleeping: for then all motion is suspended, and every part assumes that posture which is most congenial to the limb." This passage presents a foundation for a superstructure of rational arguments in favour of sound practice in the treatment of fractures. But sound reasoning, and a simple, natural, and therefore a correct practice, founded thereon, are very different things; for Mr. S. Cooper and other surgeons recommend the thigh to be put in the *straight* position of Dessault,—a position which must be irksome to many, because it is unnatural to those who through weariness retire to rest. It is not the position of the tired sleeping child, who is almost bent into the form of a ball. But to return to my little patient.

An evil-minded old woman on the fifth day, seeing the child so easy under a fracture of the femur, shrewdly suspected that the bone was not broken at all. and that the surgeon was only "making a job of it." She whispered her suspicions to another old crony (the child had lost its mother), and these wretches took off the bandage, and actually placed the child upon its feet! The bone of course was displaced. The mischief-workers saw and felt the crepitus, the child shrieked, and, conscience-stricken and alarmed, Mr. Gaye was sent for, who replaced the bandage, and, *secundem artem*, splinted it up with the pieces of veneer, though with more

pressure than is consistent with any mode of procedure. The child ultimately did well; and so, indeed, do others, even where much unnecessary force is employed. Mr. Gaye, my esteemed friend, makes very good cures indeed, and uses splints; but he is extremely careful, and does not employ a tithe of that force which I have seen employed. Still, I repeat, that all splints are useless. Pardon me for saying as much for about the twentieth time; but I should continue to say so to the twenty thousandth time, to banish splints from surgery.

Case 5.—Richard Curnell, aged 45 I think, a pauper in the village of Kingsteignton, in the month of August 1834, slid from the top of a large corn rick which he was thatching, and fell to the ground. The height was upwards of twenty feet. The clavicle and the femoral shaft on the right side were both fractured. The fractures were not compound, but the depth of his fall and the violence of the shock greatly aggravated the symptoms. The thigh was placed on a long pillow, on a bed perfectly soft, and treated with the tailed bandage, wetted with cold lotions; the skin was sponged with tepid water several times a day, allowed freely to evaporate in the common atmosphere of his room. As the cure advanced, camphorated and oily embrocations were applied generally over the limbs, and, at last, the supporting circular plaster of leather, overlapping the fractured portion, kept on with a bandage, perfected the cure.

The progress of this case was as satisfactory as a misfortune so severe could be; for the patient's sufferings were obviated by simple management, and fortunately for him he was a member of a "Sick-and-Hurt Club," so he did not hurry himself in getting about too soon, like some poor fellows must do. One circumstance occurred in the progress of the cure which pleased me. The clergyman of the parish, the Rev. T. W., in his accustomed visits to his sick parishioners, expressed surprise "that splints were not applied to Richard's thigh;" but when he found that it was not a part of my plan to apply splints, he politely acquiesced, and ceased to advocate their use; for which I thank the reverend gentleman,—for many reasons, one of which is, because the feelings of the poor are most easily excited against their medical attendants on matters which have even only *the appearance* of rationality to justify complaints, which in such cases as these might be thought well justified, when such men as Mr. Pott, to use his words, declare, "that without splints the surgeon would in vain endeavour to maintain the reduction of fractured bones;" while another surgical writer, with more solemnity of language, assures us, that "of all the different pieces of the apparatus for the treatment of fractures, the *splints* are by far the most important and essential. Without them, indeed, it would be in vain to attempt to keep the extremities of the fracture from being displaced." Once more I repeat, that I have never found cause to attempt to keep the fractured ends of bones together by splints and tight bandages. The bones stay in their places, and maintain good and proper positions, without giving me the unnecessary trouble of making the attempt. And why? Because I have never, by irritating causes, given the muscles reason to be angry with my treatment, and, as an expression of their resentment, to "displace" the bones, and give me the trouble and the patient the pain of again reducing them.

Two cases of dreadful compound fractures, terminating fatally, were hinted at in a former part of this paper. A man named William Tickle was standing between two pieces of granite, one of which, about a ton weight, fell edgeways against his leg, and crushed the bones against the flat side of the opposite stone. The state of his health and strength would not warrant amputation, and he died of mortification, extending through the body, on the ninth day. Mr. Gervis of Ashburton saw him, but nothing more could be done to save him.

The other case was that of the man named George Cole, who, in the month of December 1826, had both legs dreadfully shattered by a premature explosion of gunpowder placed in a horizontal hole in a mass of granite. Mr. Gervis saw him with me, and I determined to take him to the *Exeter Hospital*, with the concurrence of Mr. Gervis. He was removed thither in a spring car upon a feather bed. He bore the journey well, suffered amputation of both legs on the following day, and died two days afterwards. These are the only fatal cases of fracture that have occurred in my practice, and fatal they would have been anywhere. But there are very many of my patients whose present habitations and mine are, by the hand of fortune or of death, far separated,—who could have borne most ample testimony that their fractures were cured by the means which I have described in these papers. My next case is one of great importance in the history of the mode of cure now insisted on.

Case 6.—George Wills, aged 30, living with Mr. Bowden at Well Farm, in the parish of Ideford, on the 22nd of January 1831, coming home on a dark night, overturned a heavy cart, the rail of which falling across his leg, fractured both *the tibia and the fibula*. He had, some three or four years before, broken his other leg, by jumping out of a cart. And now for the contrast in the treatment on the two occasions. In the first accident the limb was splinted up most carefully—so carefully that he was kept in

bed for seven weeks, and a considerable time afterwards elapsed before he was able to work. On this occasion it was my turn to assist him. The fracture of the tibia was as oblique as it could be, the superior portion overlapping the inferior, and the point of the obtruding end above, having nearly penetrated through the skin at the small part of the leg. He was now placed in bed with his leg on a pillow, in the way which I have already sufficiently described, and, leaning on his elbow, he watched proceedings with much attention.

"Which way do you most usually lie in bed?" I asked. "Do you prefer lying on your back or your side?" "On my right side." "Very well," said I. He was then reclining on that side, it was his right leg that was fractured, so he remained in the same position. The leg was first gently extended with genuflexion, and the thigh a little raised towards the pelvis. A very slow and reiterated course of extensions was then made, until the contour of the limb pleased me; the tailed bandage was next laid on, and then the pillow was tied up, padding it to a regular bearing on every part, and until the patient said, on being asked, that it lay easy in every respect—not harder at one point than another. The following dialogue then followed:—

Wills (reclining, half raised on his elbow).—"Why, Doctor, don't you put splints on my leg?"

R.—"Because, my friend, I always cure broken bones without them."

Wills.—"Humph! Well, to be sure, Zir, you ought to know best about it; but when I broak my leg last time, that Doctor splinted et up well all the time I was in bed."

R.—"And for how long a time was that?

Wills.—"Why, rather more than zeven weeks in my bed and room, and the splints were kept on arterwards too."

R.—"Were the splints applied tight or not?"

Wills.—"Tight, i'fath! ah tight zure enough!"

R.—"How did your leg feel? Was it not very hot and painful at times?"

Wills.—"Iz, i'fath! 'Twas pain zure enough, it *beated and clapped like one's pulze agwain* (agoing), and I coud'nt sleep nor be azy, all day and night long, for a good while, and I ax'd the Doctor about et, but he told ma I must bear it, bekaze the bone coud'nt be cured without et."

R.—"Well, no doubt what you say is true enough, I don't in the least doubt its truth; but don't you fear: I shall, in four weeks, make as good a cure of your leg as the other was in seven weeks, and you *shall not suffer* this time."

Wills lay back in bed and shook his head, but answered nothing. His looks expressed his doubts without any necessity for speech. I saw him three or four times that week, as it was only four miles from Newton. The limb during the *interim* was frequently bathed with warm water and lotions,—first, of *Plumb. Superacet.* et *Aquæ*; next—℞. *Potassæ Nitratis* ʒj solve in *Aquæ* ℔ij. *Tr. Opii*, et *Myrrhæ*, aa. ʒss. Add. The bruise from the cart rail on the stones was severe, and he took *Extr. Belladonnæ* gr. ij ad gr. vj om. noct. with composing effects. On the seventh day *Lint. Saponis Comp.* was used to moisten the sore and tender surface of the leg. Lotion for the bandage as before.

On the second week I saw him but twice, and on visiting him on the nineteenth day from the accident, never had I felt more surprise in such a case. I found my patient delighting himself at my expressions of surprise, with his leg resting on a pillow upon the long seat in the kitchen. I warned him, with some feeling, of the danger of coming down-stairs, thinking it premature, being a fracture of *both* bones, and one bone in this case could not become a support to the other—always better than a splint, if you please. But on looking at his leg I found that no limb could present a more fair and equable surface. He was a young and healthy man, yet the short time occupied in the remedial process surprised me. Union had taken place, though not firmly. While cogitating over it, the jocose fellow threw the flexor and extensor muscles of his leg into strong action, *which made his leg bend at the fractured part like an osier twig.* I felt the blood rush into my face, and exclaimed—"If your leg is so well, don't play the fool with it." "Why, Zir," said he, "*'tis no pain to me.*" "No, I don't suppose it is," said I, "but 'tis the right way to do mischief."

A medical man is all his life a student. Every case presents some new claim to his notice. Talk of displacing bones when once fairly reduced! Why, 'tis the surgeon's fault or the patient's, certainly not the fault of nature in her *uninterrupted* operations. The man did not displace the bones at all, and I was not slow in passing a circular overlapping plaster around the united parts, on my next visit, with a warm and comfortable bandage, the month being February,—the depth of winter. Words can faintly tell how delighted and thankful he was at this, to him, surprising cure. To be cured without pain was unaccountable to him, and he was endless in his contrasts between the two methods. No man could be better pleased, and he was, with additional good reasons, pleased, when he compared my charge with his former long bill.

On the 25th of February, one day less than five weeks from the day of his accident, I called and renewed his plaster; he had been out of doors some few days before, superintending his master's affairs, was well, and paid me off with thanks.

Case 6.—Mr. Bowden, the master, fractured his fibula, in the following Christmas, also dislocating his ankle. He lay in bed but a month, and then recovered. He could not bear a plaster around the part, but got well without it.

Case 7.—An old Newfoundland man, residing in Kingkshenwell village, presented a somewhat parallel case. Twenty years before, and it had been my turn to serve him; he had broken his leg while engaged in the Newfoundland fishery. One night in the Christmas season of foolish carousing, he fell down on his road home, in the dark and dubious way, and again broke the same unlucky leg. This might be called act the second. His leg was treated with the same routine as my other cases, though with very humble materials. He returned to his work at the end of four weeks, and many a sailor-like oath did he bestow on "the blockhead of a doctor" who had kept him "so long *belayed* in board-splints and blankets, in his berth, on board the old brig, on the banks of Newfoundland."

Case 8.—Another case, which occurred the Christmas before, was that of a man 50 years of age, who had lived freely. Walking over a wooden bridge on a frosty night, his heels slid away, and he fell backwards, and the elbow of one arm received the violent shock of his descent. He was a very heavy man, and the injury was correspondingly severe. Being at a distance of four or five miles, they did not send for me until the next morning, when I found the arm much swollen. The humerus was fractured obliquely, passing into the elbow-joint, and the inferior portion of the bone projected anteriorly, where the biceps muscles become tendinous, and the bone just pointed through the integuments, and made it a work of time and tact to reduce it, as the bone stuck in the tendinous expansion. Here was a compound fracture, with complications enough, and a bloated constitution to boot. Did I place this dreadfully injured arm in a splint? Would any other surgeon have laid it on a splint of any sort? Let the practice of Sir Astley Cooper and his colleagues answer,—a practice recommended by lofty-minded men, in elevated stations in society, with all the force and influence of splendid follos. This man employed all the little resources which I could suggest to reduce the alarmingly increased action of the arm and forearm. Many would have recommended amputation at first, but he escaped that, and gangrene also, and in five weeks left his bed. He can bring a fork or a cup to his mouth.

Case 9.—On the 20th of August last, Mr. Russell, innkeeper, of this town, while driving a vehicle down a hill, had the harness break, when the horse kicked him severely on the upper and thicker portion of the tibia, which was broken obliquely, transversely, four or five inches below the lower edge of the patella. The fracture was one of "the worst" species of simple fracture, as it is termed, the iron points or talons of the horse's shoe inflicting two wounds at the line of fracture, one of them deep and lacerated. There was much tumefaction in two hours afterwards, when I was called in. Truth compels me to say that a practitioner had examined the injury before I saw the patient, but a sudden obstetric call made him leave in a hurry, and the splints were left behind also. I reduced the ends of the bone, and bandaged and laid the leg on a pillow, in my old way. The pair of neatly-turned hollowed-out splints lay on the chest of drawers, and there they remained. "No," said I, as they lay there to tempt a surgeon to use them, "you are for ever banished from my hands. No more the galling splint for me; no more!"

Mr. Leslie, who usually attends this family, entered at the latter part of the bandaging-up, and, with true politeness, did not alter the state of things. It always gives me pleasure to record such instances of urbanity. The patient did well up to three weeks' end. Mrs. Russell was a very clever nurse, and bathed, and managed well the wetting system, turning the bandage off and on many times in the twenty-four hours. I am delighted to attend on these cases; they are worth a man's efforts and energies to relieve them. Mr. Leslie being away, I saw Mr. Russell every day, until Mr. Leslie returned, and splinting up the leg, took him out of bed. This was on the eighteenth day from the accident. Union had well advanced, the cure was so far complete, and the patient's *impatience* would not allow him to remain longer a-bed. The splints were long, and well-padded, and as no particular soreness remained, they did no harm,—nor good, excepting that the patient's mind was assured that they would be "a safeguard against accidents." But their appearance is to me always awkward and grotesque in the extreme. Mr. Russell went down-stairs in a few days afterwards, and on Tuesday the 22nd of September, two days less than five weeks from the accident, he stood on the grassy plain of Denbury Fair, viewing the horses, and soon wholly recovered, by the aid of the wide circular overlapping plaster and bandage, he having previously laid aside the splints.

Case 10.—The last case, and to me and my patient not the least gratifying, I shall mention, may now be examined by all those who feel concerned in such misfortunes. Cherry Tracey, aged 40, the mother of ten children, on Wednesday, the "glorious" 21st of October last, was gathering acorns, when, while holding fast by a small branch with one hand, and picking

with the other, the twig broke, and she fell with force enough to fracture the tibia transversely. This was a mild case of the sort. I saw it nine hours after the accident, and applied the wetted bandage over the leg. The fracture was one inch only below the centre of the bone. A pillow was too high for her leg, because she sank down so low in the bed; a little hollow was therefore nestled out for her leg in the bed itself, and therein the limb was padded up, on a good plane. She began to do well at once, and on the Saturday week after, in the evening, *ten days only from the accident*, on calling to see her, and asking her when she thought she would like to get out of bed, she replied with timidity, "Ha, sir, I have been out a little to-day." She actually had been out for three or four hours. I cautioned her to beware, but she regularly arose in the morning, and remained out the whole of the day every day afterwards. A plaster was applied around the leg, in the usual way, with a bandage, by which means, in her two rooms on the same floor, she manages, with crutches, to perform her family affairs for a husband and several children. All this was done spontaneously, before I was aware of the full extent of her recovery. Indeed, the reader may have observed, that nature has often outrun my expectations in the progress of her work. I have assiduously watched the progress of this case, taking care to hammer in a rough nail in the end of each of her crutches, lest some slip should produce an unlucky fall, and mar this almost wonderful and truly surprising cure. I believe the quickest union before recorded is one of twelve days, in a child, but this exceeds it in rapidity; but as to the *degree* no one can speak. A woman who has passed the prime of her days, having had a large family, enduring privations as a pauper, was here able in some degree to rest her foot on the ground, in ten days after the occurrence of the fracture! Let the doubters of splintless cures hear this. Will they still assert *the indispensable necessity of using splints?* At the end of my present argument had I desired a case to form a climax, what fact could be more appropriate than that which I have just stated? Let the case be examined by any person. Let the rev. gentleman of Kingsteignton institute a personal scrutiny into the facts which it presents, and then let me have a fair meed of praise for introducing and advocating a mode of cure so benign in its influences. More than this I do not wish; with less I will not be satisfied.

In conclusion, let me address a few words *to the young student*, whose mind is ardently engaged in a search after truth, and who has time and patience to consider the facts of a case. I will, in fancy, place myself in a dissecting-room, and imagine the shade of Brookes,—would that he could in body still be here,—to descant on some such anatomical and physiological subjects as the following:—

Every rib except the first and the last is wedged between its neighbour ribs. Gravely the rib is shielded superiorly, and supported below by its fellow rib, the first and last excepted. In a fracture of these bones, each of its fellows forms a natural support to it. You cannot apply a splint here, and if you could, the natural allies of each rib would form a better support than any artificial aid.

The radius and ulna sympathize with and support each other, in the misfortune of fracture happening to either; while, with one point of exception, from peculiarity of structure and office, the interosseous muscle and ligaments keep them in close contact, and they cannot therefore require the aid of splints. If both these bones at once are broken, be assured it will be quite natural for them, like the Siamese youths, to lie still together, unless you molest and "bind them fast in fate," in the painful fate of splints.

Is the humerus or the femur broken? The latter, in particular, is invested all around, and beautifully and strongly inclosed within, by integuments,—by an unyielding fascia made tense at the pleasure of the will, supported by a mass of muscles, its natural defenders; with a host of vessels to supply it with warmth and to afford the means of restoring its continuity, a continuity not lost, but merely interrupted; nerves, also, exquisitely alive to pain, which warn of the approach of danger, and will not impel their obsequious servants, the muscles, to disturb the bone, unless offended by irritating causes; and if through force or violence the bone is impelled through the investing coverings, reduce it to its place *in situ*, and all will be well, if you withhold interference with the operations of nature,—an interference that will be prejudicial, though honest.

In a fracture of the fibula we need not trouble ourselves with splinting, because its tried friend tibia will, with rest, compel it to keep its own place better than any external aid. Again, is the tibia itself broken? The interosseous ligament, when not ruptured, is a firm band of union between the two bones, just commensurate with their length. We may further quote the words of a good surgical authority:—"The fibula resists the causes that tend to produce displacement of the tibia, when fractured." Thus much for the support given by bones in juxtaposition.

But should both these bones be broken, do not fear they will be too soon placed in a condition to sustain the body. The limb in such a state is like a man who has received a stunning knock-down blow, and cannot rise again, until there is an *adequate*

recovery of sensation. So the leg, if not irritated, will have a disposition to lie still until well recovered. Assist the cure, and when once settled, be careful not to inflict pain on it.

Reverse all this. Apply the splints First you will irritate, and then forcibly repress the influence of a most sensitive nervous surface, compressing arteries, veins, and absorbents, and then combatting the ill effects until you conquer and subdue their friendly resistances to your vile force, ultimately bringing some portions of the soft parts into painful collision with the fractured ends, to be grated between their sharp margins,—to be jagged by the teeth-like fragments of the broken bone.

If a surgeon who is also an *anatomist*, after pondering over these cases and arguments, still continues to apply splints to fractures, should not he ——

But the language of sarcasm is not my *forte*, nor do I wish to use it, save by way of useful aid to mild arguments. Yet the importance of lessening human suffering, warrants the use of every means of rhetorical force. Let it not for a moment be thought, that in describing the ill effects of coercion and undue restraint under the employment of splints, I have at any time used the language of hyperbole. No; the superfluous misery endured in the slow and painful course of past ages, under the splinting system, can never be exaggerated in description. What a huge mass of human suffering has arisen from the unnecessary inflictions of pain by splints alone! I do not rashly speak when I assert that full one-half of the misery which has been endured in fractures, has arisen from the long-continued use of splints, or, in other words, what pain has been heaped upon us in these cases by maltreatment alone! But shall we still persevere in this course? Shall we still go on rolling up the Pelion of our powerful but foolish exertions to load the *Ossa* of unavoidable calamity? Forbid it, Heaven! Unavoidable misery is a mountain huge enough in itself to press us to the dust, without the weight of extraneous and gratuitous evil.

But granting all I have advanced to be strictly true; if, instead of myself, who occupy a private station, some one of those men who stand the highest in our profession, had first proved the truth and value of the splintless system, and then had sounded forth the great improvement to the world, with how much greater celerity would the change advance, and how much more worthy of public adoption and of confidence would it be considered!

Though, however, it has been introduced to notice with the mediocrity of talent which I possess, yet I trust that the facts and rules which I have inculcated will, ere long, be advocated and upheld by some man of greater mind and standing in society, who shall clothe my system in the glowing language of science, and in a style which will charm the world to a belief of its truth. For though I myself well know that in all cases of fracture, my mode of cure is to the patient the safest and the best, and, beyond dispute, cannot be surpassed in the simplicity of its operation; yet slow is the progress of first improvements! But I am well convinced that surgical art will not have reached the *acmé* of perfection, without some such simple plan of treatment as I have endeavoured to press on the consideration of my professional brethren, being first adopted. Yet an age may pass away before this mode of cure, waging war as it does with a multiplicity of interests and prejudices, shall conquer and prevail. Before I shall have aroused the attention of the careless, made converts of the rich, persuaded the proud, convinced the opinionated, and compelled the interested and the obstinate to yield to the influence of shame, many years may have rolled away. Thrown then, as it is, gratuitously on the professional public, I hope that the public will give a fair trial to the system of cure, and pass a fairly considered verdict on that which I design to confer benefit on thousands of suffering individuals.

Nov. 10th, 1835.

REFLECTIONS

UPON

INFANTILE REMITTENT FEVER.

By JOHN ALEXANDER, *M.D., Physician to the Infirmary for the Diseases of Children, Manchester.*

(Concluded from page 410, No. 617.)

"WHATEVER splendour," remarks an experienced writer, "the actual *treatment* of diseases may reflect on the science of medicine, it by no means comprehends the whole of its province; for *prevention* being in every case preferable to *remedies*, the medical art would be more imperfect than other science were it devoted only to the latter."

Let us then (with a view to prevention) briefly allude to those circumstances which favour the origin of infantile remittent fever. They are of varied character. The neglected inhabitant of the damp cellar and the petted lordling of the luxurious nursery —the half-fed child and the highly pampered offspring, are alike prone to an attack; the latter from the absorbent system being encumbered with a load of nutriment which but too often requires a fever to admit of its removal, and the former from defective nutrition, developing a morbid action which is observed to be equally excited by deficient or by superabundant support. Hence it results that a child threatened with

the malady under consideration, must be regarded relatively to the ascertained nature of those mal-influences to which it may have been subjected. The overfed should be put upon a light unirritating and somewhat scanty diet; whilst the debilitated and exsanguineous must, if possible, be more warmly clothed, removed to drier air, and have better support. Unhappily, the last important desideratum is one which every medical attendant upon a dispensary must have experienced, as being easier prescribed than put in force, and hence it constitutes one great cause of the frequency and obstinacy of infantile remittent fever in the lower walks of society. If, however, we succeed in banishing all fresh vegetable and salted food from the dietary of the pauper child, and substituting milk, bread, and rice, in their place, a great point will be gained; as the staple diet of the poor, viz., potatoes, contributes no little, in the estimation of the present writer, to the disorder's aggression. The observed circumstance that infantile remittent never attacks children at the breast, when the mother's health is good, speaks, I think, volumes as to the influence of food in originating the malady. In both the plethoric and debilitated, a course of alterative aperient medicine is not merely proper (as indicated by the character of the abdominal secretions and appearance of the tongue), but frequently proves effectual in warding off a strongly-threatened attack of the malady. To those families whose younger branches have been liable to febrile affections, an annual visit to the sea-side has always appeared to me highly beneficial: nor are airiness of the sleeping apartments, the constant use, in clothing, of flannel, and regular daily exercise, to be overlooked with impunity.

Provided we were servilely to adopt the pathological views of our continental neighbours, without judging for ourselves, we should refer the cause or nature of infantile remittent fever almost exclusively to inflammation of the digestive mucous surfaces. On autopsy this status or condition is doubtless often observed: but practitioners in this country do not draw their conclusions from limited data, on the isolated and deceptive evidence of mere morbid anatomy; although, I fear, it cannot be denied that, even with us, an undue attention is arising to the latter, which will prove eventually injurious to symptomatology and therapeutics, the really practical part of the Hippocratic art. This creed is not the popular, and I hope may be a mistaken, one.

But, to return.—The majority of cases of infantile fever the present writer has witnessed, have afforded little evidence of *inflammation* being its cause; neither does the infinitely more important evidence of Hoffman, Pemberton, and Butler, sanction the idea. Moreover, Dr. Copland, in an admirable digest of the views of others, (vide "Cyclopædia" &c.) remarks most conclusively as follows:—"That infantile remittent fever does not consist of inflammation, is shown by the character of its early symptoms, by its course, termination, and consequences, and by the juvantia and lædentia"—a strumous diathesis, a morbid state of the abdominal secretions, an obstructed condition of the mesenteric glands, particular disturbance of the liver, or a debilitated nervous system, may, it is possible, give rise to this disorder by their *single* maloperation in individual cases; but their *conjoint* influence I apprehend should be referred to, as constituting the *usual* origin of the complaint. Diseases are not, either in their sources or their symptoms, regulated by the definitions of nosologists; and, probably, that medical philosophy is not the most illogical which admits of a varied and mixed causation as well as of varied effects!

Infantile remittent fever making its aggression under varied forms,—sometimes with symptoms of mere disturbance of the first passages; sometimes under the slow and insidious form of marasmus, unattended with much vascular excitement; and sometimes with many of the tumultuous phenomena attendant upon inflammatory fever,—I have in practice found it necessary to adopt a treatment modified accordingly. When the disease commences with loaded tongue, nausea, chills, oppression at the precordia, constipated bowels, and high-coloured urine, emetics are of signal service by relieving the oppressed first passages, diminishing the fever, and cutting short the complaint's duration. Indeed, their use, continued for a few mornings, accompanied by general aperients, and succeeded by strict attention to suitable diet, often suffices in a very short time to restore the little invalid to health, which in some slight cases may have appeared, to the superficial observer, to have been little threatened. On close attention, however, the characteristic evening febricula is easily recognised, and secures the necessary attention.

The most incurable variety of the disorder under consideration assuredly is the one characterized by the apyrexial and marasmic conditions; doubtless from these two circumstances,—the complaint having in too many cases made progress before professional relief is sought, and from an originally weak or specifically affected state of the child's constitution. In a large proportion of these cases, particularly amongst the poor, whose damp habitations and improper diet counteract our remedial designs, little can be done. In a few apparently unpromising instances, however, warm clothing, the hot-bath, and persevering use of mercurial alteratives (carried to gentle ptyalism), succeeded by light tonics, have appeared to do good. Nor has the occasional application

of a mild blister over the region of the liver been unattended with benefit. Many practitioners entertain a very high opinion of rubefacient liniments to the spine, and over the abdomen. There is no objection to their use, as this form of infantile remittent is unaccompanied by irritability; but I may add, after an extensive trial of them, that the present writer has not been able to realize the benefits others seem to have derived from their employment. The following case will illustrate the disorder's obstinacy, and inculcate a cautious prognosis:—

In the month of May last, the child of a Mr. H., of Rochdale, ætat. fourteen months, was brought to Manchester for my opinion. It had been under the care of two highly respectable and intelligent practitioners of that town, who had adopted for a considerable time every variety of treatment they could think of. The child's case was, though by no means an uncommon, an admirably marked example of chronic infantile remittent fever. Upon the closest scrutiny, no evidence of organic disease could be detected; little pyrexia accompanied the complaint's progress, and the child took everything, whether in the form of food or medicine, that was given to it; yet I am not aware that the slightest benefit followed the use of those additional remedies which were for some time employed by the present writer. Indeed, according to my general experience, if the means alluded to before, viz. very warm clothing, the hot-bath, mercurial alteratives, &c. fail, after a fair trial, little benefit will accrue from a further use of medicine in this unpromising state of atrophy. Change of air, a generous diet, and cordials, may be tried, and in some rare instances they unexpectedly effect our object.

When infantile remittent fever assails plethoric children, previously in tolerable health, it is generally observed under the last alluded to, or entonic form. For this variety energetic measures are required, and their use seldom disappoints us. After the prima via has been well cleared (of which the practitioner should have ocular daily proof), by the persevering use of purgatives, such as senna, calomel, jalap, scammony, &c. and the accumulations so often observed in this complaint, are removed, it is not unusual to find the child complaining of pain in some one of the abdominal regions. Its seat is very various. A few leeches, warm fomentations, and a succeeding vesication, or the antimonial ointment, seldom fail in its removal. After premising these measures, it has been customary with me to commence the employment of a mercurial (generally the hyd. c. creta), combined with ipecacuanha, in small doses, of which latter medicine, in intestinal affections of the young, I apprehend we can scarcely entertain too high an opinion. Every one who has seen much of infantile remittent fever, will acknowledge *irritability* to be one of its most prominent features. On this account the addition of a little opium to the evening mercurial, in most cases is accompanied with benefit, with this proviso, that the tongue is disposed to be moist before we employ it. Occasionally however, as with the adult, opium disagrees, and hyoscyamus affords a good substitute. Enemata, throughout the whole of this malady, are most appropriate remedies—varied of course according to age, temperament, and other attending circumstances. As one almost invariable ingredient therein, spirits of turpentine will be found useful, as in a large proportion of instances of the malady, the fever is heightened and the irritation increased by the presence of worms. As soon as the pyrexial symptoms have declined, and not before, calumba, iodine, and cascarilla, may be employed, in forms as suitable to a child's palate as possible, intermitting not, however, the morning use of some gentle aperient, which, during the whole course of the disease (a period averaging probably three weeks), must be regularly enforced. Wine may now be found a useful auxiliary.

In conclusion, let me remark that the junior practitioner must not be surprised at the occasional failure of his best-laid and most promising measures. The fretfulness of the little sufferer, the perversity of ignorant nurses, the occasional impossibility of administering remedies by the mouth, and the natural obstinacy and dangerous character of the disease, will, sometimes, but too successfully, combine to thwart and disappoint his wishes.

Manchester, Nov. 11, 1835.

HEMORRHOID IN THE RECTUM,

FOLLOWED BY

ABSCESS IN THE PERINEUM,

WITH FISTULA RECTI ETC.

To the Editor of THE LANCET.

SIR,—As the following case will, perhaps, be considered to possess some practical interest, I shall feel obliged by its insertion in the pages of your journal. I am, Sir, your obedient servant,

ROBT. ROMLEY CHEYNE.

57, Berners-street, Nov. 11, 1835.

Mrs. K., ætat. 50, of a sallow complexion and spare figure, housekeeper to one of the West-end Club-houses, consulted me on the 22nd of last August, for what she called very uneasy sensations, with extreme weakness, about the loins and hips, and severe pain in the calves of her legs, increased by

walking, or any exertion. She had thus suffered during two months, and knew no cause for her complaint. The menstrual secretion ceased six years ago, since which time, until lately, she had been perfectly well. She had never, to her knowledge, had piles, nor passed blood by stool. The bowels acted regularly, and without pain. She had never had leucorrhœa; her constitutional symptoms, when I first saw her, were not severe, the pulse being very little quicker than natural, the tongue only slightly furred, and the skin cool and moist. She experienced, however, much anxiety (which was expressed in her countenance), from the apprehension of permanently impaired health.

This history, I must confess, induced me to consider the case as one of sciatica, and (acting on that idea) to recommend very moderate diet, gentle aperients, thirty minims of *Vin. Colchici* in *Mist. Camphoræ*, three times a day, and the use of the warm hip-bath every night at bed-time.

This and similar treatment, continued until the 26th, afforded partial relief; but still there existed a sensation of weakness, and, lately, of soreness, about the hips and perineum; and once, when at stool, a slight pain had been felt shooting through the anus. From these facts I now hoped to obtain light enough to dispel the obscurity of the case. As I was aware that diseases connected with the rectum often assumed very anomalous characters, an examination *per anum*, was immediately proposed, with the view of ascertaining whether the present was a case of that nature. The result was, the detection, about an inch within the anus, on the floor of the rectum, of the presence of a soft elastic hemorrhoid, of the size of a cherry, surrounded by some thickening and swelling, as if the coats of the bowel were pushed inwards by fluid in the vicinity. The impression, too, of distinct fluctuation, was given to the finger, when forcible pressure (which gave no pain to the patient) was made by the other hand, on the perineum. All doubt being now cleared away, the proper practice was evident. The contents of the abscess should have been at once discharged through a large opening, and then, in all probability, my patient would have been well in a few days; nothing, however, would induce her to consent to my request: she could not imagine the existence of an abscess without much more pain than she experienced. Under these circumstances nothing more could be done than to advise her to keep quite quiet, to take a teaspoonful of *Elect. Sennæ* every night, and to inject an enema of warm water every morning.

Thus the case proceeded until the 1st of September, when I was hastily summoned to my patient, whom I found suffering acute pain in the perineum, the integuments of which were now of a livid red colour, hot, and swollen, and acutely tender on pressure. There was, also, as might be expected, a great deal of symptomatic fever. The application of twenty-four leeches was immediately ordered, and afterwards a warm poultice; and in the evening these measures were repeated, and an anodyne draught was administered.

The next day the pain and swelling were less; but there was more fever, and some difficulty in making water. No further opposition being now offered, a free opening was made near the anus, when more than half a pint of dark-coloured offensive pus, with bubbles of gas, escaped, to the surprise of the attendants, and with great alleviation of the severe pain and feelings of tension in the part. A poultice was then applied, and directed to be repeated three times a day, and an anodyne to be taken at bed-time.

Sept. 3. Has had a restless night; pulse 120; tongue loaded with a brown fur; copious discharge, mixed with sloughs of cellular and adipose tissues. Complains still of much soreness and distention about the perineum; to relieve which, another opening was made, and a great quantity of pus flowed out.

℞ *Ammon. Subcarb.* gr. xvj; *Acidi Tartarizi* ℥j; *Aq. Distil.* ℥iss. M. et int. effervescendum 6ta quaq. horâ sumatur. Contin. catap. et haust. anod.

4. Has had a better night; looks less anxious; pulse 110; bowels open; no difficulty in making water; copious discharge, and the sloughing continues. Cont. medic. et catap.

7. Has been improving for the last three days. Sloughing has nearly stopped; no pain; less fur. Cont. medic. et catap.

The three weeks following the last report were spent in aiding the efforts of nature to repair the extensive mischief, which, as has been seen, was the work of only a few days. During this time the sloughing process had converted the incisions of the lancet into a deep cavity surrounding the intestine, laterally and posteriorly, discharging at first an unhealthy pus, which, however, improved in quality, in proportion as the constitutional vigour of the patient was restored under the use of tonics and good diet. Strong astringent lotions were also employed, of which those composed of *Sol. Chlor. Calcis*, and port wine and water, seemed the most effective. The stage of granulation at length commenced at the bottom of the abscess, and continued until all, save a fistulous canal, had been filled up, which, when traced with a probe, was found to communicate with the bowel in three places—viz. one, two and a half inches from the anus; another, *through the centre*

of the hemorrhoid above alluded to, and the third close to the base of the latter.

As it was now evidently useless to waste time in the effort to cure the fistula without the operation, this was performed,—the incision dividing all the parts included between the highest opening into the intestine and the anus. After this the granulating process recommenced, and went on until it reached the situation of the two other points of communication with the rectum; and now, instead of again using the knife (as the hemorrhoid could be readily drawn out with a hook), a ligature was tied round its base, including that portion of the mucous membrane in which the third small aperture could be distinctly seen. In three days the ligature came away during the action of the bowels, and from that period the case proceeded so well, that towards the close of the month Mrs. K. went into the country quite recovered, promising, however, to continue the use of an enema of warm water twice a week for some time, in order to ensure the regular action of the bowels.

Remarks.—This case is full of interest. It shows the fact that large collections of matter may take place in the neighbourhood of the rectum, without being preceded by the usual inflammatory symptoms, or, indeed, by any that are distinctly diagnostic; and no less clearly does it prove the great importance of freely opening abscesses in that situation at an early period. To the refusal of my patient to submit to this practice, all the subsequent mischief was to be attributed. Inflammation, once set up in a tissue possessing such feeble vitality as the adipose (especially in individuals of an unhealthy habit), is very little under the control of antiphlogistic treatment. Leeches, which, undoubtedly, should be applied in large numbers, followed by poultices, relieve the pain, but do not materially retard the sloughing process when it has once commenced. Indeed, we can do little more, when the case has so far advanced, than support the patient as much as possible, and aid the escape of the sloughs as soon as they are loose; for these, lying in contact with the living structure, cannot fail to prove a source of irritation.

Most abscesses near the rectum, forming, as in the above instance, in a passive manner, are perhaps connected with some cause of obstruction to the return of blood through the hemorrhoidal veins, and hence frequently coexist with piles. In our present case, the secretions of the rectum probably found their way through the hemorrhoid (which was also, in fact, what is called "a blind internal fistula") into the surrounding tissues, and this excited an irritation which led to the formation of the abscess; but in bad constitutions, a varicose state of the venous plexuses in the adipose tissue of the perineum, with the consequent imperfect circulation in the capillaries, is quite sufficient to explain the occurrence of suppuration.

CHARGES PREFERRED BY THE LATE SURGEONS OF THE PRESTON DISPENSARY AGAINST THE PHYSICIANS OF THAT INSTITUTION.

To the Editor of THE LANCET.

SIR,—As you have always evinced a desire to rectify abuses in the medical profession, and to expose the misconduct of public officers to that obloquy which it merits, we trust you will permit us to lay before the medical public, through the pages of your journal, an instance of intrigue and faithlessness, that is, perhaps, unique in the annals of our medical institutions.

The principal medical institution in Preston is a dispensary, which was established in 1809. At first it was managed by two or three physicians, and a house-surgeon. In 1830, three surgeons were appointed to assist in the labours of the establishment. The two senior physicians then consigned over to their surgical colleagues, such operations as they had previously performed; but the junior physician, Dr. Moore, tenaciously clung to his share of the surgical cases, and continued to act as a general practitioner, at the same time that he laid claim to the honours and the fees of a physician in private practice.

Thus the business of the dispensary continued to be managed, until the senior physicians withdrew, and junior physicians were appointed. These gentlemen, imitating it is supposed their senior, took their station as general practitioners also. There was no division into medical and surgical practice, but each honorary officer took all cases indiscriminately that were presented on his day for the reception of patients. There were, ostensibly, three honorary physicians and three honorary surgeons attached to the institution; and so the rules enjoined, and the reports continually declared; but, in reality, there were six general practitioners. Notwithstanding this anomalous state of things, the greatest harmony seemed to prevail among the honorary officers up to December last. Then an alleged irregular attendance of some of the medical officers induced the sub-committee (whose duty it was to see that the affairs of the institution were regularly conducted) to inquire into the cause of the neglect, and where the

offence rested. Dr. Moore (whether to screen himself from censure, or not, he best knows) went to the sub-committee clandestinely, and told them, that they must "look to the doctors," and they need not fear if some of the medical officers were to resign, as their places could readily be supplied. The truth of this statement Dr. Moore afterwards chose to deny, notwithstanding the united testimony of several of the members of the sub-committee, alleging that he had merely directed the sub-committee to "look after the shop," meaning the dispensing of the medicine (the Doctor's phraseology frequently needs interpretation); but, unfortunately for himself, he had declared to a medical friend shortly after meeting the sub-committee, that he had been telling them "to look after the doctors." After hearing the testimony of that friend, he reluctantly admitted that he had made use of such an expression, but said that it was merely used "by way of a joke." Some people, however, have such an odd way of joking, that no persons but themselves can conceive how their expressions can possibly be construed into a jest. The gentlemen of the sub-committee thought that the Doctor was in earnest, and as they had not the candour or honesty to bring a charge against the offenders (and they well knew who they were), they hit upon the expedient of procuring a book, in which they resolved that the medical men should enter their names, and the time of their attendance, whenever they came to the institution. In this they exceeded their powers, for their duties were defined to be simply to observe and report to the general committee.

The book was first presented to the surgeons, who, not aware of any neglect on their part, and knowing that the sub-committee had no authority to enact any regulation for their guidance, naturally felt indignant at what they regarded as an insult; and immediately entered a protest in the book against the measure. This protest the physicians, and Dr. Moore with the others, afterwards signed. The sub-committee were greatly displeased at this resistance to their assumed authority, and not a little surprised to find that the instigator of the whole affair was arrayed against them. The general committee was called together, and the medical officers, as part of the committee, attended the meeting. An attempt was there made to force the obnoxious regulation, but meeting with more resistance than they seemed to anticipate, the authors of the measure, with a very bad grace, consented to modify it, obliging the house-surgeon to be the inspector, instead of attempting to compel the honorary officers to be self-inspectors.

The treatment which the medical officers met with at that meeting, was such that they thought they could no longer continue to serve the Institution, and shortly afterwards, they all sent their resignations to the secretary, offering, however, to fulfil the professional duties until successors were appointed. The committee accepted the resignations, but took no steps to fill up the vacancies. Repeated meetings of the medical officers took place, at the suggestion of Dr. Moore, and at his house. He several times expressed great pleasure at seeing the unanimity that pervaded the meetings, and frequently reminded his colleagues, in his peculiarly elegant language, that "there must be no splitting," but "all must *pull together*." He required a pledge from his colleagues "that no opinion should be given to the committee, or to the subscribers, *without a general consultation*, and that all must go out or remain in together; adding, "*If any question be put to me, I shall say, 'I can make no reply till I have first consulted my colleagues.'*"

In May a meeting of the subscribers to the Dispensary was called to consider the resignation of the medical officers, and make some "verbal alterations" in the rules of the Institution. Dr. Moore drew up a memorial to be presented to the meeting, in which he gave a partial statement of the causes which had led the medical officers to resign their appointments, and in which he declared the differences between them and the committee to be "irreconcilable." In deference to his opinion, four of his colleagues signed this address, and were thus prevented from being personally present at the meeting. When the subscribers met, they expressed no opinion of the cause of the resignation, but they confirmed all that the committee had done, and passed a rule to exclude four of the honorary medical officers from the committee: thus actually attempting to punish them for having resisted a most arbitrary and uncalled-for measure. The appointment of successors was still not made. When two of the surgeons became acquainted with the result of the proceedings of the subscribers, they felt disposed immediately to withdraw their services; but as it had been previously agreed to act in concert, they were desirous of first ascertaining the feelings and intentions of their supposed friends, before they took any final step. Accordingly they called upon Dr. Moore, who met them with a smile, and the salutation of "Well, gentlemen, I know what you have come about, but I have made up my mind to stay, whoever goes out, and I have told one of the subscribers so." When charged with violating his pledge, he replied, "Well, perhaps I have acted imprudently, but so I have done," and then he threw upon the table an old coin, making some observation upon it, with a view to change the subject of conversation. He had suddenly discovered, as he said, that "it would not do to quarrel with the whole

body of subscribers;" that "the poor should not be made to suffer for the faults of the committee;" and made use of a variety of other sentimental expressions of "humanity," which he had entirely forgotten or had wholly overlooked, for five months, during which the affair had been pending.

The surgeons afterwards found to their surprise that the other two physicians of the charity, Drs. Alexander and Norris, influenced by Dr. Moore's representations, had also come to the determination to sacrifice their word and consistency, to what they conceived to be their interest. Thus was explained a previous declaration of Dr. Moore, that he knew that there were medical men who would serve the charity if the number of its officers was reduced.

After such an instance of duplicity and deception, the surgeons considered themselves bound, for the honour of the profession, to separate themselves entirely from the physicians, and to act independently of them. They accordingly withdrew from the Institution, and left the physicians in peaceful possession, apparently to their great satisfaction. Although they had received official intimation that the committee had accepted their resignations, they knew that no apology would be offered for the insults which had been given them, and that they would labour under the disgrace of having one of their number excluded from the committee and have an inspectorship appointed over them.

We regret, Sir, the necessity of this exposure, and disclaim all feelings of personal animosity; but we conceive that it is our duty to expose conduct so unprofessional, and so inexplicably mean as that which we have brought to light. We offer no comments upon the previous statements, nor attempt to ascribe motives to individuals, but rest satisfied with a simple declaration of the truth, assured that we shall have the sanction of every honourable man to the course which we have pursued, and that reprehension will be bestowed where it is due.

We have the honour to be, Sir,
Your obedient servants,

ROBERT BROWN.
RICHARD INMAN,
JAMES HARRISON,
} Late Hon. Surgeons to the Preston Dispensary.

Preston, Lancashire, Nov. 12, 1835.

THE MEDICAL CONTRACT FOR THE NORTH AYLESFORD UNION.

To the Editor of THE LANCET.

SIR,—As Editor of a journal eminently forward to expose abuses, and as a Member of Parliament, the advocate of the rights of the poor, permit me to point out to you the present character of the medical aid furnished to the sick poor of the several parishes forming a Union in Kent, and called "The North Aylesford Union."

The Union comprises fifteen parishes, which I shall arrange alphabetically, and place the number of miles that they are distant from the residence of the medical officer (who does not even live in the Union), in the case of each parish:—

	Miles.		Miles.
Cliffe	5	Ifield.....	7
Chalk	6	Luddesdown ..	7
Cuxton	4	Meopham	9
Cobham	4	Northfleet	10
Denton	7	Nursted	8
Frinsbury	2	Shorn	5
Halling	5	Strood	1
Higham	4		

All taken from the nearest point. I am sorry that I cannot at present add the population of each, but some, as those of Strood, Frinsbury, and Northfleet, are considerable. On the forming of this Union it was at first intended to make two divisions of it, and a notice from the guardians, signed by their clerk, was published, stating that a medical officer was wanting for each division, at salaries of £90 per annum each; for which sum each in his district was to furnish aid and medicines, in all cases, under the direction of the guardian, or the relieving officer, 10s. in addition being allowed for each case of midwifery. For the division including Chalk, Denton, Ifield, Luddesdown, Meopham, Northfleet, and Nursted (although Gravesend, a large and populous town, and duly supplied with medical men, is within 5 or 6 miles of the most distant of these parishes), not one medical man was found who would pretend to perform so arduous a duty for so inadequate, and, as regards proper and efficient assistance and a due supply of remedies, so contemptible and disgraceful a sum; and, for the other division, including Cliffe, Cobham, Cuxton, Halling, Higham, Frinsbury, Shorn, and Strood, one only offered from among about twenty in Rochester (where the one resides) and its neighbourhood; and whether from necessity or otherwise, the guardians *actually appointed this one for the whole Union*, with the united salaries.

Now, Sir, passing by any observation on this sacrifice of professional respectability, this contemptible value for medical services, offered and accepted, I would ask what opinion must a humane mind form of the views and intentions of these "guardians," so called, of the poor, towards sick paupers? What must be the opinion of the poor themselves? It appears to me that had the "guardians" boldly advanced a resolution that medical aid to the sick poor should be difficult to obtain, they could not have hit on a more effectual plan. In cases of fracture or other accidents, hemorrhage or in-

flammation of the lungs, life may be lost by the very delay caused by having many miles to send; but even in ordinary cases of illness, that the poor creatures should have to send or attend personally at so great a distance, seems a monstrous cruelty. I am told that the guardians think it best to have but one responsible medical officer, whom they require to be a legally-qualified practitioner, leaving to him the supply of necessary aid. But do they require also, and see, that the *aid* so furnished, is that of "qualified" persons? Can they expect the medical officer to expend so much of his paltry salary as a qualified person would have a right to expect? I think, Sir, that these are matters for the serious consideration of the "guardians," ere a coroner's jury remind them of their duty.

In the furnishing of medical aid to the Unions in general, and to this Union in particular, one would almost be led to consider that the very lives of paupers were put in competition with a few paltry pounds sterling. Many other observations suggest themselves to me on this occasion, but the communication of Mr. Rumsey coming before me, and having reason to expect that his questions will be generally considered and replied to by the medical men in this neighbourhood, I shall for the present suppress further remarks on the matter, and am, Sir (authenticating my communication in a private note), yours truly

HUMANITAS.

Rochester, Nov. 9th, 1835.

GERMAN JOURNALS.

Hufeland and Ossan's Journal. — June and July, 1835.

The two last Numbers of the above journal, which we have received, contain:—

1. Practical Observations by Professor FLEISCHMANN, of Erlangen. 2. On an Epidemy of Angina Parotidea, at Ohrdruff, in 1830, by Dr. KRUGELSTEIN. 3. A Few Remarks on the Diagnosis of Intestinal Cicatrices, by Dr. ALBERS, of Bonn. 4. Practical Remarks by Dr. LOWENHARD. 5. On Thymic Asthma, by Dr. HIRSCH, of Konisberg. 6. Two cases of Religious Madness, with remarks, by Dr. WEIGEL. 7. On the efficacy of "Argilla depurata" in the Diarrhœa of Children, accompanied with vomiting, by Dr. G. E. DURR.

We shall notice only the most remarkable of the above communications. The first is contained in the "practical observations" of Dr. FLEISCHMANN.

PRESERVATIVE EFFECT OF BELLADONNA AGAINST SCARLATINA.

Some experiments with this medicine were made on fifty-two children during an epidemy of scarlatina, and though not on a sufficiently extensive scale to have much weight, deserve to be added to the number of those instituted for a similar purpose.

The extract of belladonna (2 grs. to an ounce of distilled water) was administered to fifty-two children, of from six months to fourteen years of age. Each patient took, morning and evening, as many drops of the solution as he counted years, and this dose was in some instances increased. The remedy was thus administered for the most part during five weeks,—the duration of the epidemic.

Of the fifty-two individuals forty-eight remained free from any attack, and four were affected with the disease. In two families, where the children commenced taking the remedy immediately on the disease attacking one of the family, all the children remained free from contagion, although they were in constant communication with the affected individual during the whole course of the disease.

In several cases (23) the author remarked symptoms of the action of the belladonna a few days after its use; such as disturbed nights, slight inflammation about the throat, salivation, thirst, torpor, dilated pupil, pain in the head, vomiting; and one girl, six years of age, was seized, on the 10th day after the first dose, with fever, pain in the throat, restlessness, and delirium. On the following day the whole of the body, except the face, became red, and was covered with miliary vesicles: this continued a couple of days, and then disappeared.

A boy, four years of age, who had taken the belladonna for three weeks, became very uneasy and disturbed on the 5th of March; on the 6th this had passed off. On the 9th, the child, enjoying perfect health, was covered in all parts of the body, except the face, with a red eruption, which remained till the 11th. On the 12th it diminished, and had completely disappeared on the 13th.

A child, eighteen months of age, who had taken the belladonna six days, was seized with difficult deglutition, slight tumour of the cervical glands, salivation, fever with excessive thirst, and general redness of the skin. The eruption was much diminished

on the second day, and the child was well on the fifth.

From the above-mentioned experiments the author concludes:—

1. That the belladonna seems to have an influence in counteracting the contagiousness of scarlatina.

2. That in some cases it diminishes the susceptibility for the contraction of the disease, though it does not altogether remove it.

3. That when the disease does occur during the use of belladonna, its character is much more mild than in ordinary cases.

4. SCIATICA CURED BY OPENING THE SCIATIC NERVE.

In many cases (says Dr. LOWENHARD, the author) of obstinate sciatica, the cause of the disease is unknown, and all the remedies which are applied fail to relieve the patient from the dreadful and constant suffering to which he is exposed. The effect of division of the branches of the third pair of nerves, has induced some surgeons to recommend a somewhat similar operation for those of the extremities; and M. Jobert a few years ago divided and removed a portion of the sciatic nerve for obstinate sciatica, but we do not at this moment remember what the result of that bold operation was. The following case, though not exactly of the same nature, deserves to be recorded.

Case.—Mr. B, 38 years of age, of good constitution and sanguineous temperament, was seized with pain in the region of the left hip-joint, in consequence of some violent exertion. The pain continued fixed for about two months, and then extended downwards in the direction of the sciatic nerve. After the expiration of six months, the pain became so severe that the patient was unable to place his foot on the ground. He now demanded medical aid for the first time; various remedies were tried in vain, and he came under the author's care in six months afterwards. The patient was now much emaciated; the injured limb particularly reduced in size, and the heel so painful that the patient could not stretch out his foot without aid, and had the most acute suffering. A cord about the thickness of a finger could be felt under the skin, in the course of the ischiatic nerve, which was thrown up into a kind of tumour; this part was excessively tender to the touch; the bowels were costive; the urine deep red, and throwing down a dirty sediment. After some reflection the author conceived that perhaps the swollen nerve contained a watery fluid, as in the case mentioned by Richter (*Speciel. Thera.* part 2, p. 79), but how to give issue to this fluid was the question of most importance. A simple incision would easily have produced the desired effect, but it was necessary at the same time to impress a stimulus on the muscular system; the author therefore determined on employing the actual cautery, which was applied immediately to the nerve, where it passes between the trochanter major and the tuberosity of the ischium: on the iron being pressed with some force into the bottom of the wound, two to three ounces of a yellowish-gray fluid came away. The wound was then dressed with some mild salve, and as the patient was nearly in a fainting condition, he took a restorative.

The day after the operation, the patient was more oppressed and weak, uneasy, and with a very small pulse. Some stimulants and cordials were given. On the 21st same state; the wound still discharges a little fluid, and was dressed with ung. canthar. The pain of the foot has now changed into a dull sensation, the patient slept a little this night for the first time since many months.

22. Passed a good night; he can now stretch out his foot without aid; the wound suppurates abundantly. In the course of eight days the patient recovered a good deal of strength; a considerable quantity of a grayish fluid, different from pus, was discharged from the wound. The injured limb increased rapidly in size, and after a lapse of some months, during a part of which the same discharge continued, the patient was perfectly cured.

There can be no doubt, from several cases which have been published, that water may accumulate in the tissue uniting the medullary filaments which compose a nerve, nearly in the same way as in hydrocephalus. The author is inclined to attribute both phenomena to a similar cause, namely, chronic inflammation. In the present instance it seems probable that the capsular ligament of the hip-joint was also involved in the disease, and that the quantity of fluid subsequently discharged was in part furnished from the joint itself.

5. THYMIC ASTHMA.

The attention of the profession, says Dr. Hirsch, of Konigsberg, was first drawn to this peculiar affection of children, in the year 1830, by Dr. Kopp, who gave it the name of "Asthma Thymicum;" since then several interesting observations have been

made by the German physicians, of which the author of the memoir now before us gives an ample *resumé*.

Asthma Thymicum, or, as it is more generally called in Germany, "Kopp's asthma," attacks children between three weeks and eighteen months, but prevails most between the fourth and tenth month. It is characterized by accesses of spasm in the air-passages, and general irritation; the respiration becomes suddenly suspended, and we observe only a whizzing, very fine, small, and imperfect inspiration, an embarrassed passage of the air through the rima glottidis, which is spasmodically contracted in the highest degree. The tone has a certain analogy with the crowing inspiration of hooping-cough, but it is much finer, higher, and less deep; the closest analogy we can find for it, is in the spasm which frequently attacks certain hysterical women. In certain cases we remark from five to six whistling, deep, and difficult inspirations, alternating with scarcely observable expirations, and which resemble the tone in a very severe degree of croup: in the most dangerous cases the breathing is *completely* suspended; the fine inspiratory scream is then perceived only at the commencement of the paroxysm, being immediately suspended, together with the breathing; or on the cessation of the attack it gives the first indication of returning life; it is quite characteristic of the disease, and pathognomic. The remaining symptoms of the paroxysms are the natural result of the spasm of the respiratory organs; the child is violently contorted in the bed, or under a more severe attack seems quite overwhelmed; the face is distorted by the expression of painful anxiety, is of a blue-red, or pale colour; the nostrils are expanded, the eyes fixed, the hands cold, the thumbs contracted; the excretions pass involuntarily. Within a half, or one, two, or three minutes, the paroxysm goes off: the child utters a painful and uneasy cry, and soon becomes gay and playful. It is only when the constitution is weak, or when the attack has been very violent, that the child remains for some time pale, flaccid, and with a tendency to sleep. In the intervals of the paroxysms the child is gay, the respiration quite unembarrassed, and the patient seems to enjoy perfect health. Kopp gives as peculiar symptoms the two following, viz., the tongue during the intermission remains projected a little beyond the teeth, and the pulsation of the heart can scarcely be felt; but in several genuine cases of this disease the first symptom has not been observed, and even in healthy children the pulsation of the heart is not readily felt. The paroxysms are generally single, with an interval of eight or more days, but by degrees they occur more frequently, and even reach ten to twenty in one day; in this period the child frequently goes off suddenly; however, in several other cases a second period sets in, which is characterized by general convulsions of an epileptic nature. The cerebral and respiratory paroxysms never occur together, but alternate; and now, even when the child is free from the attack, the lumbricales and the adductors of the thumbs become spasmodically contracted, and give the hand an appearance of deformity. The child now commonly dies in a paroxysm between suffocation and apoplexy; or, in many cases, when the accesses have been severe from the outset, he is carried off suddenly, as if by nervous apoplexy, without asthma, râle, or any agony; in this way the child of Professor Eck died, (*Rust's Magazine*, xx.) and several other children.

On examination of the body after death, we find a blue colour of the skin; congestion of the brain and lungs; softness of the right ventricle; the foramen ovale sometimes open, and in all cases the thymus gland is remarkably enlarged. The long and broad diameters of the gland are remarkably enlarged, but chiefly its thickness; in the latter case the lungs were frequently pushed down by it into the lower part of the cavity of the thorax; in other cases the thymus was found closely connected with the great arterial and venous trunks of the chest or neck. The tissue of the gland appeared normal, or (what was more common) was more fleshy, red, and dense than natural, but never showed any trace of hardening, suppuration, tubercles, &c. When divided, it frequently gave out a peculiar "chlous-looking" fluid. In the cases where the gland was weighed, a good deal of difference was observed. Kornmaul found the largest to weigh 14 drachms; Felix Plater, 1½ oz.; the author has observed one of 9½ drachms; Kopp, one ounce; the others varied between six and nine drachms.

The duration of the asthma thymicum is

very various; the quicker and more severe the paroxysms, the shorter, of course, is the disease. It commonly lasts several months. Dr. Eck's child died on the third week; Rullman's (*Kopp*, p. 64), after a suffering of twenty months. When a cure takes place, the symptoms gradually decline, and the disease goes off in one to three weeks; but in other cases the spasms are not completely removed before one or two years.

Children of a scrofulous habit are particularly exposed to this disease; in many cases the mothers were of a weakly phthisical constitution, and several writers have remarked a family predisposition. Boys are more frequently attacked than girls. It holds good also with respect to adults, for from Frank's observations (*Prax. Med. Praecept.* II, p. 760), men are more exposed to asthmatic affections than women, in the proportion of six to one.

The diagnosis of this disease is not very difficult, and it bears but a slight analogy to a few of those mentioned by authors. Millar's Asthma is a disease so loosely described by English writers, who have confounded various and different affections under the same name, that it is difficult to say what particular malady is meant; however, it evidently differs from the disease which now occupies our attention, by the nature and length of the paroxysms, and by the acute march of the disease.

Goills has described, as a symptom of chronic hydrocephalus, a peculiar cough, which affects the child when awakened from sleep; the infant becomes stiff, the whole body blue, and he remains for a minute without breathing, until the respiration recommences with a loud cry. This symptom is constant in the latter period, and though it bears much resemblance to "Kopp's asthma," may be distinguished from it by the other symptoms of hydrocephalus.

From an examination of the symptoms and morbid anatomy of this disease, the author concludes that it consists,—

1st. In a periodic tonic spasm of the respiratory organs, and perhaps the heart, which, as the disease advances, extends to the brain and spinal marrow, giving rise to epileptic convulsions and death. 2nd. In an hypertrophy of the thymus gland, which thus presses upon the lungs, heart, and great vessels, and more or less disturbs their functions.

The healthy thymus of a new-born child varies very considerably in size and weight; in small feeble children it weighs (according to Haugsted's experiments) scarcely a drachm; the average weight may be estimated at from two to three drachms; it increases up to the second year after birth; remains stationary to the eighth or tenth year, and then gradually becomes absorbed to the sixteenth or seventeenth, when nothing but a rudiment remains. Its specific gravity also varies; in the fœtus of eight months it is 1.099; in new-born children 1.071; in a child fourteen years of age 1.020, and at a later period is lighter than water. In the asthma thymicum, however, the weight of the gland is very considerably increased, and varies from six to fourteen drachms, while its thick fleshy structure contrasts strongly with the soft spongy appearance of the normal gland.

Having established the coincidence of enlarged thymus gland with the disease in question, the author proceeds to answer several objections which may be opposed to the idea of the asthmatic symptoms being really dependent on the abnormal state of the thymus. Our limits will not permit us to follow him through these; we shall therefore pass at once to the treatment.

The prognosis of the disease, though a very dangerous one, is not hopeless, especially when the child is strong, and not subject to catarrhal affections, when the case has been seen early, the paroxysms are not very frequent, and before the appearance of general convulsions.

In *the treatment*, we must not lose time by the employment of any temporizing remedies. The first and most pressing indication is evidently to moderate the spasmodic attack; this is best done by the administration of small doses of the "aqua laurocerasi," which are to be gradually increased. When given with precaution, the remedy is not dangerous, and has the most beneficial effects. When the spasms are very violent, a small dose of musk may be added; in addition to these, asafœtida, zinc, and particularly the sulphate of zinc, have been given with very great benefit. The second object we have in view is to diminish the state of congestion towards the heart and lungs, by proper diet, by frequently-repeated (every four to eight days) local bleedings, blisters on the chest, and other similar

means, regulated of course by the strength and constitution of the child.

Several physicians have endeavoured to act immediately on the enlarged gland, by the administration of anti-scrofulous resolvent medicines (and apparently with much success), as mercury, digitalis, iodine, &c. Twenty years ago, A. Burns proposed to extirpate the gland by making an incision in the anterior part of the neck, between the sterno-hyoid muscles; the finger was then to be worked down into the chest, between the sternum and gland, and the latter removed with the aid of a polypus hook; but this operation has never, as one may well conceive, been attempted on the living body. The following case, selected from amongst those published at the end of the memoir, will serve to give an idea of the progress of the disease.

Case.—Victor V. M., twelve months old, suffered at an early period of birth from diarrhœa; this however soon ceased, and the child became healthy; when, at the age of five months, he was seized with chronic bronchitis; from this time the mother remarked a symptom which she had not previously noticed, viz., that the infant on awaking from sleep, or immediately after, had the respiration suddenly suspended; the attack however soon went off, and was generally mild in the commencement, but after the lapse of some time the paroxysms became more severe. The breathing was now completely suspended, the face expressive of great anxiety, pale, or at times purplish, and the body convulsively bent backwards. After one or two minutes the child recovered from the attack, drew a few fine deep inspirations, and then uttered some sharp cries, after which he became gay and apparently well. The nature of the disease was evident; leeches were applied to the breast, followed by a blister, and small doses of calomel with rhubarb were administered.

This treatment at first seemed to be attended with benefit; the paroxysms were suspended for a week, but soon returned with increased violence, even every one or two hours; musk was now given without any amelioration, and after a lapse of eight days the child was carried off in a fit of suffocation, without any general convulsion.

The body was examined thirty hours after death.—The thymus gland was remarkably enlarged, and filled the whole of the anterior mediastinum; from the middle of the gland a process was sent off, which closely embraced the common jugular vein; the substance was very dense, and it weighed 9½ drachms, or 570 grains. The right lung was remarkably compressed, but sound in structure. The appearance of the heart was normal; the right ventricle was very soft; the left was firm; the foramen ovale was closed. The head was not examined.

On Dropsies, connected with Suppressed Perspiration and Coagulable Urine. By Jonathan Osborne, M. D. London: Sherwood, 1835, pp. 64.

The condition of the urine has received less attention from the Scotch school of medical writers, and from all the theoretical schools of the continent, since the time of Hoffman, than its importance in pathology and in practice would warrant; partly owing to the horror of *humoralism* prevailing, and partly in consequence of the want of good chemical tests of its constituents, or to the exaggerated views with which certain ignorant empirics and mountebanks choose to mislead the community. The orthodox practitioner could not but treat the glass with disdain in which the quack had pretended to see the disease; and, "to cast" the fortune of his patient; and to avoid giving occasion to odious comparisons, he could unreluctantly abandon signs which he knew scarcely how to ecognise, much less to interpret,—overlooking those very critical points on which Hippocrates, Galen, and the ancients, made the whole course of diseases to hinge; for, unfortunately, the authority of the ancient Greeks, and the light of their genius, were hidden from the commonalty amongst us, by their works not being translated, as was the Bible, into English. Cullenists, Brownists, and theorists of every class, found it easy, in the last century, to divert the profession for a time from those extensive and easily-discerned changes in the secretions which the ancients had signalized, and to direct their attention only to the beatings of the pulse, to the tongue, and to the extreme *vessels*.

The investigations of chemistry, applied to the urine by Berzelius, Prout, Marcet, and others, have already become of practical importance; the presence and the proportion of urea, the phosphates, bile, and sugar, deserve in many cases more attention than any other symptoms, and when pathology is more strictly studied, will probably be found always worthy of consideration.

Albumen, so constantly occurring in

dropsy, and coagulating in the urine when exposed to heat, was first detected by Dr. Wells. Dr. Blackhall made further observations, and confirmed the announcement of Wells, that in a great number of dropsies, in which the urine coagulated by heat, there was evidence of inflammatory action, and that, in such cases, bleeding was productive of very marked benefit. Dr. Crampton recorded some cases in the "Memoirs of the Dublin Medical Association," to confirm the evidence in favour of bleeding. The inquiry rested at this point until Dr. Bright made the striking observation, that coagulable urine was connected with a diseased state of the kidneys. Drs. Christison and Gregory shortly afterwards published eighty-seven cases, and amongst those, the granular deposit in the kidneys was always detected when examination after death took place. Dr. Osborne has, in the volume before us, presented the results deducible from thirty-six observations, so that the evidence relative to this disease seems now sufficiently extensive to positively determine its nature. Still, so difficult is "judgment" in pathology, that the relation of dropsy to the granular condition of the kidneys is by no means yet established. Dr. Osborne was prejudiced against the opinion of Dr. Bright, in connecting coagulable urine with diseased kidney, and professes only to have been converted by the force of facts, some of which, with the modification in the treatment advocated by him, we proceed to notice.

Dr. Osborne has described the appearance of the kidneys very succinctly and clearly.

"When an injection is thrown into the artery, even in the most successful manner, it will not penetrate into the grayish deposit. The cortical portion of the kidney is the chief seat of the deposition; yet we sometimes find it filling up, and encroaching so much on the other part, that the tabular portion is limited to small, insulated portions; and in these cases the tubuli increase in density, and become more confused together, the nearer they approach their termination in the mamillated processes. In some of the most acute cases I found the lining membrane of the pelvis and upper portions of the uterus in a state of the highest vascularity, resembling crimson velvet. The changes produced on the size of the organ are remarkable, and in my observations appear to follow this rule,—that, in the more recent cases, the kidneys are enlarged beyond the natural standard; while in long-confirmed cases they are reduced in size, and become hard in proportion; the cortical structure appearing to be removed, and replaced by the gray deposit."

The smallest quantity of albumen is detected by the bi-chloride of mercury; but when this is used the urine should be acid, or many of its neutral salts will be precipitated. From frequent observation, we can declare that the acid urine of healthy persons, particularly when they have been taking severe exercise, yields a precipitate with this delicate test; and when influenza was last prevailing in London this precipitate was unusually abundant. Nitric acid, when there is more albumen, is a good test. Heat coagulates the albumen only when it exists in considerable quantity: when, therefore, the urine is said to be albuminous, it is quite necessary to state what tests have been employed. Dr. Osborne remarks, that,—

"The examination of the urine in this disease must be conducted according to one fixed rule, otherwise we shall constantly meet with apparent contradictions. The urine should be that which is passed in the morning before breakfast. It should not be examined till it has cooled. It then is usually of a pale citrine colour, simi-transparent or translucent, but not transparent like healthy urine; and at the bottom of the vessel there is an opake, whitish cloud, consisting of the mucus of the urinary passages, and differing from healthy mucus by its greater density and opacity; while in other cases it differs from the healthy state by containing no mucous cloud. On heating this urine, in a spoon, over the flame of a candle, white coagula are formed in those portions of the fluid next the metal, long before the heat has advanced to the boiling point: and when the heat is continued afterwards, the coagula become more firm and distinct. The lesser degrees of coagulability are signified by its not taking place till the fluid has boiled, or till some of it has been evaporated; by no coagula forming, and the fluid being rendered merely turbid; and, lastly, by throwing up a froth when boiled, which appears to be produced by the smallest quantity of albumen that can satisfactorily be tested by heat. I may here mention, incidentally, that I use this mode of examining urine in other diseases beside dropsy, and without any expectation of meeting albumen."

The proportion of urea, and the specific gravity of the urine, are diminished in this disease. The quantity of urine is not much altered.

Is coagulable urine invariably the result

and sign of a granular, morbid condition of the kidney? Dr. Osborne answers this question in the affirmative, and animadverts with some severity on those who think *further observations are required*. He states that out of thirty-six cases, nine autopsies evinced the disease of the kidneys in every instance; while the symptoms, causes, and collateral circumstances of all the other cases, led to the same conclusion:—

"The negative evidence in my possession is too copious to be detailed. It is, however, decisive as to the question at issue. It consists of numerous cases of dropsies, connected with diseased liver, impediments of circulation, or respiration, or general debility, which terminated fatally, in which the urine was examined before death, and found not to coagulate, and the kidneys were found to be free from disease; also cases ending fatally, but unconnected with dropsy, in which the kidneys were healthy, and the urine did not coagulate. This evidence appears to me peculiarly valuable, inasmuch as during the last three years I have anxiously sought for every opportunity of examining the kidneys of every individual in whom the urine had been examined during life; and in no one instance have I met with coagulable urine without diseased kidneys, or healthy kidneys with coagulable urine."

Dr. Osborne has laid down two propositions, between which there seems to us to be some discrepancy. He calls this disease renal dropsy, and thereby seems to assert that the disorganization of the kidney—of the secreting gland—is the cause, the source of dropsy,—accompanied by coagulable urine. An alteration in the secreting gland will doubtless account for an alteration in the properties of the secretion; but an alteration in the fluid from which the secretion is eliminated *may also account* for an alteration of the secreted product, and effect the precise change in the kidney described by Dr. Bright. If, as Dr. Osborne contends, dropsy with coagulable urine is attributable to *suppressed perspiration*, it inevitably follows that a change in the proportions or nature of the constituents of the blood precedes the disease of the kidneys, and that this alteration of the kidneys is an effect of the modified fluid which those organs secrete.

Dr. Osborne's system of treatment is founded on the assumption that the "continuous suppressed perspiration," which he proposes to denominate "Anidrosis,"—is the most general cause of the disease. Suppressed perspiration, we may remark, is a very fallacious term, and may indicate two entirely different states of the cutaneous surface; for in popular language it merely denotes dryness of the skin; and this state of the skin may arise from its temperature being a few degrees higher than usual, or from the fluids with which it is saturated having less elastic force. But the practice of Dr. Osborne appears to have been remarkably successful, and the results alone—independently of any theoretical consideration whatever—decide on the merits of a therapeutic system. Of the 80 cases treated by Dr. Gregory with diuretics &c., 45 died; of 36 cases treated by Dr. Osborne, only nine terminated fatally; in the one series 56, in the other 25 per cent. perished: a proportion very favourable to the latter treatment. The numbers are not sufficiently numerous to furnish exact data of the absolute mortality of this disease when under medical care; but 54 deaths in 116 cases,—46 6 per cent.—is a high mortality, which would place the dropsy nearer to diabetes and phthisis, than to fever or inflammation. *Bleeding*, purgatives, and other remedies, were employed in complicated or obstinate cases; but Dr. Osborne thus describes the most essential parts of his treatment:—

"When a patient was placed under my care, with general œdema, coagulable urine, and dry skin, I directed him to be kept in bed, in order to maintain warmth of the surface, which is usually disposed to be cold. It has happened frequently that, by external heat alone, an improvement both in the quantity and quality of the urine, and a material subsidence of the œdema, have taken place. The first medicine ordered was usually a purgative; and in the choice of this, in order to avoid ambiguity as to its mode of action, I abstained from the use of all those articles which are reputed diuretic; such as compound of jalap, or supertartrate of potash; and I generally employed the senna mixture. I then commenced a diaphoretic course, by administering foot-baths, hip-baths, or general baths; the last either of water or of vapour, according as they appeared to agree best with the individual case, at night at the hour of going to bed.* The patient also took at night eight grains

* I have seen that some practitioners prefer the employment of warm-baths in the morning. But surely the less liability to cold, the greater tendency to perspire in every individual at night and during sleep, render the hour of going to bed the most expedient.

of *Pulv. Jacob.* ver. 4., of *Pulv. Ipecac.* c. *Opio*, and 10 grains of *Confect. Aromat.*"

We have read Dr. Osborne's elegantly-written book with much pleasure, and do not doubt, from the new and interesting facts which it embodies, as well as from the instructive manner in which the subject of the disease is treated, that it will shortly be in the hands of all who take an interest in medical discovery. On this account we have freely stated whatever objections we consider to lie against Dr. Osborne's theoretical views; while we have detailed the result of his observations and experiments in the pathology and therapeutics of those dropsies which are accompanied by coagulable urine, and connected with disorganized kidneys.

THE LANCET.

London, Saturday, November 21, 1835.

JUDGING by appearances, the question of Medical Reform made some progress—we are at least assured that it made much noise—in the Irish capital during the week preceding the last. On former occasions this subject has always been touched by the Professors of Dublin with a degree of delicacy and reluctance which attend the handling of a dangerous topic. The speakers seemed to feel as if some fatal catastrophe was necessarily involved in its discussion. On the present occasion, however, the fearful question—from the contemplation of which the most courageous at one time used to shrink—was fairly brought before the public; and examined with a degree of freedom and familiarity that would indicate the total loss of its pristine terrors. To Mr. ELLIS, one of the lecturers in the *Peter-street Medical School*, the merit of being the first to approach this hazardous subject appears to be due. In a discourse recently delivered in the scholastic establishment to which he belongs, he not only freely discussed the leading features of the question, but had, as some of his more nervous contemporaries might think, the temerity to announce his intention by public advertisement. No serious consequences, however, of which we have heard, have as yet followed the rash undertaking. He not only survived the exposition of a multitude of medical abuses in the medical institutions of these countries, and of absurd enactments in the statute-book of medical law, but, strange to say, he was cheered throughout his statement of the case of reform by a numerous assembly of students and practitioners. It is surely a step gained, *in Ireland*, in the progress of the question, to convince, by actual experiments, the hypochondriacal advocates of improvement in Dublin, that there is, after all, nothing dangerous in the entertainment of a topic in which mere reason and evidence are combined. To Mr. ELLIS are the profession in that quarter indebted for the discovery.

So far, therefore, as the act of divesting the theme of its imaginary horrors, and of calling general attention, by personal appeal, to its examination, is a meritorious one, we cordially concur in the favourable estimate which we hear was formed by his auditors of the manner in which Mr. ELLIS discharged the duty he had undertaken. But if our report of the lecture be correct, we cannot state that we think his enumeration of medical abuses was so comprehensive as it should have been in a discourse professedly devoted to their discussion. Some of these omissions are indeed so remarkable, that we mean to notice them. In our experience, every sound reformer has always looked upon the system of *compulsory* apprenticeships as one of the most baneful usages of the surgical profession in Ireland. They have also ever thought the scale of fees to witness hospital practice most oppressively and iniquitously unjust. Yet upon these two important items in the catalogue of medical abuse, no opinion was given in the oration of Mr. ELLIS. In these omissions, which we presume were accidental, he was neither just to himself nor to the question which he designed to

advocate, and he ought to have foreseen that the absence of condemnation of such glaring and notorious features in the picture of medical economy in these countries, might, with seeming justice, expose him to unworthy suspicion that he was performing the play "with the part of HAMLET left out by special desire." The Tories, indeed, of the medical corporations have already had the sagacious malignity to turn to their purpose this construction of the occurrence; they have been busy all the week in balancing the unjustifiable inference from a mere accident, against their own candid and avowed advocacy of these abuses. Mr. ELLIS will, we have no doubt, on some future occasion, see the necessity of putting these cavils to rest. He may also fairly take the same opportunity of reconsidering certain opinions in his discourse, in which other medical practitioners certainly cannot concur. In speaking, for example, of hospital appointments derived by "purchase" and "descent," our report of his lecture describes him to have said that the persons who are concerned in the support of this infamous traffic and practice, are warranted in their proceedings. Making every allowance for the intention of condemning the crime and saving the transgressor, which we consider to have been the object of Mr. ELLIS in this nice discrimination, it is unquestionably true, that no man has a right to enter into a compact which will be productive of detriment to the public welfare. Within that class of evils falls every treaty to purchase a permission to kill or cure the inmates of an hospital, with liberty again to "sell out" to a successor. This power constitutes nothing less than the justification of one evil by the existence of another,—making vice and immorality permanent by precedent,—nay, conferring on both an abstract existence, and liberating their author from the trammels of responsibility! This, to be sure, may be good law in the hospital market, and a consoling enactment it must be to purchasers in that arena of bargain and sale; but the reflection of a moment must convince Mr. ELLIS that the doctrine is incompatible with the received standards of morals and justice. If such a system of "ethics" is to be defended, let the labour be performed by those who practise and profit by it. *Reformers* surely are not called upon to burden their case with the palliation of abuses, for the removal of which they may be pledged by the elevation of their name and their principles. If the abettors of this system be given "an inch," they will instantly take "an ell;" and instead of being conciliated by the concession, the first act of their gratitude will be to convert the charitable boon into a new weapon of aggression. Upon this single admission, we have no doubt, for instance, that Mr. CUSACK would undertake to produce a plausible vindication of every appointment which has been made in *Stevens's Hospital*, from the hour of its foundation down to the installation of WILLIAM COLLES by ABRAHAM, his father,—that he would engage to satisfy the greatest sceptic in misgovernment that the promotion of three apprentices, by Mr. CRAMPTON, to surgeoncies in the *Meath Hospital*, was perfectly consonant with the ordinances of reason; and that even the payment of two hundred pounds by Dr. GRAVES to Dr. HARKAN for the situation of physician to the same establishment, was most virtuously made. Neither Mr. ELLIS, nor any other reformer, would, we presume, wish to be quoted as an authority by Mr. CUSACK, in the establishment of such conclusions as these, even though Mr. ELLIS and his coadjutors in reform could look upon the act as "the devil citing Scripture to suit his own purposes." In the question now at issue between these parties, the line of demarcation is on every point sufficiently defined to guard the reformer against mistakes of this description. It is to prevent a repetition of such errors, that we select these few points for comment, in a discourse which otherwise contained much valuable matter.

MULTITUDINOUS have become the complaints relative to the "new arrangements" for providing medical attendance under the Poor-law Amendment Act. The letters which we continue to receive on the subject are nearly all directed against the conduct of the Commissioners who are sitting at Somerset House. In this wholesale condemnation of those gentlemen there is manifested very considerable thoughtlessness, and no inconsiderable portion of injustice. In the last session of Parliament it was distinctly stated by Lord JOHN RUSSELL, Secretary of State for the Home Department, that the subject of providing medical attendance for the sick-poor, should receive the immediate consideration of the commissioners, and, very soon afterwards, Mr. HODGES, the Member for Kent, and a deputation of medical gentlemen from that county, were informed by Mr. FRANKLAND LEWIS and his colleagues, that the Boards of Guardians in the respective parishes, had full power to contract with as many medical men as they thought proper, and on such terms as they might consider that the interests of the poor demanded, in the parishes in which the Boards exercised their functions. On whom, therefore, ought the censure to be thrown, if the contracts are characterized by a disregard for the interests of the poor and the welfare of the profession? Obviously not on the Commissioners, but on those rate-payers who have been elected to constitute the Boards of Guardians. Instead, therefore, of attempting to prove that the conduct of the Commissioners, relative to the medical contracts, is tainted by traits of odious cruelty, it would be well if the writers and observers who are so generously exerting themselves in the rural districts, would attempt to infuse into the Boards of Guardians, some feelings of humanity towards the poor. The names and addresses of the members of the Boards of Guardians who have made some of the infamous contracts which have been so justly condemned, should be forwarded to us for publication. Until, however, it can be proved that the pledge which was given by the Poor-law Commissioners to Mr. HODGES and the Kent deputation has been broken, and that the promises made by Lord JOHN RUSSELL have been falsified, public indignation, instead of being directed towards the Home Office and Somerset House, ought to fall, with undiminished weight and severity, against the merciless Boards of Guardians who have attempted wilfully to sacrifice the poor, by withholding from the wretched sufferers, efficient medical skill, and even necessary medicine, in the hour of sickness.

It must be admitted by every impartial person, that in carrying the new law into operation, the Poor-law Commissioners are placed in extreme difficulty. The Poor-law Amendment Act is an unpopular measure,—in our opinion most justly so, as we certainly consider it to be one of the most harsh enactments that ever received the sanction of a British Legislature. It is next to impossible, therefore, that those gentlemen can take a step, in any direction, without giving offence to a large portion of the community. It will be recollected that one great complaint against the new law was, that the power of managing their own funds was transferred from the rate-payers to the nominees of the executive Government. The objection was founded in truth, and it was correctly and constitutionally urged. But the Commissioners, in relation to the medical contracts, have entirely obviated such an objection by allowing the Boards of Guardians to make their own contracts for medical attendants. The authority is in the hands of the rate-payers or their elected representatives. Had the Commissioners exercised their full power, and taken the privilege of making medical contracts, from the rate-payers or the Boards of Guardians, then the *despotism* of their conduct would have been denounced. Really we are bound to state that so far as the Poor-law Commissioners are concerned, the subject of providing medical attendance for the poor in the newly-created Unions, has been discussed with much perverseness of judgment, and, in some cases, accompanied by evident signs of factious malignancy.

As the experience of one year has made it but too apparent that the Boards of Guardians cannot be safely entrusted with the medical care of the sick poor, the Poor-law Commissioners could not be censured if they were, henceforth, in all new contracts, to withhold the management of that department from those bodies, and retain over it their own uncontrolled authority. Though

the saving of a few pounds in the pockets of the Boards of Guardians may induce them to make disgraceful and brutal contracts with low-minded medical adventurers, the Poor-law Commissioners sitting in Somerset House cannot possibly be influenced in their conduct by any such unworthy and sordid motives. The interests of those gentlemen are of a totally different character.

Another article by Mr. Radley, on the treatment of fractures of the bones, without the employment of splints or tight bandages, will be found at page 288. The subject is one of deep and pressing importance, as we are given to understand by Mr. Radley that the non-application of splints to fractured limbs is attended with an inconceivable degree of ease to the victims of the accident. When, therefore, it is borne in mind that the great object of cultivating the science of medicine is, in every instance of disease, to diminish the measure of human suffering, nothing but prejudices of the most odious character can prevent the system practised for so many years by Mr. Radley, from being brought into immediate operation in our public hospitals. In again adverting to this interesting subject, we ought, in justice to that distinguished surgeon Mr. Wardrop, to place before our readers the following sentences from a clinical lecture which was delivered by that gentleman and published in The Lancet of Oct. the 4th, 1834, page 55:—

"The subsequent cases are intended to show that splints, bandages, and the complicated mechanical contrivances usually employed in the treatment of fractures of the thigh-bone, are not necessary in all cases, and may sometimes be altogether dispensed with."

"The injurious effects which are produced by the use of splints and bandages in the treatment of fractured bones may frequently be observed, and I am convinced that in many cases and under many circumstances they may be well dispensed with."

"While splints may no doubt be often employed, at least without mischief, there are, on the other hand, cases wherein they are decidedly hurtful; I allude to those in which the soft parts adjacent to the fracture are so injured or bruised that the pressure of bandages or other apparatus becomes a source of irritation, and thus creates more or less inflammation, which, instead of promoting the reunion of the fractured bone, retards that process, and I have known extensive suppuration take place in the soft parts, even from this cause alone.

"In fractures of the lower limbs I would therefore strongly urge surgeons to consider in what cases or under what circumstances splints and bandages are requisite,—in what cases they are hurtful,—and when their application is nugatory. If they are not decidedly necessary, or *considered* improper, it is of great importance to attend to the kind of bed on which patients with fracture are to be placed, taking especial care that it is one plane surface, * * * placing a dossil of tow to fill up any inequalities, such as that in the ham or at the heel, preventing the smallest exertion or muscular action being made by the patient to support the limb, and thus allowing the fractured member to be in a perfectly quiescent state.

"This simple mode of managing a fractured limb has also the advantage of admitting the ready employment of leeches, or such other local applications as may be requisite to subdue any inflammation at the seat of injury."

The Council of the *University of London*, on the requisition of a numerous body of the proprietors of that institution, have appointed a meeting of the shareowners, to be held in the first week in the ensuing month. The chief subject to be considered by the meeting is, the charter, which, it is understood, the Crown is willing to confer, with certain restrictions in the conditions. As we take a very deep interest, on purely public and national grounds, in the continued success of the University, we shall look forward to the proceedings at this meeting with considerable anxiety, and not without some degree of apprehension. The institution, so far as the medical department is concerned, has become so firmly established, and has taken so bold and successful a stand,—far out-topping, in celebrity, every one of the "recognised" establishments connected with our endowed hospitals,—that it is now clearly evident that no charter, or extrinsic aid of any kind, can increase the utility, or add to the reputation, of the University medical school. The best security for the continued prosperity of at least this branch of the establishment, is to be found in the talents and industry of the professors.

In the next Lancet we may notice the proposed object of the meeting at some length.

AGREEABLE NEWS FOR PRACTITIONERS IN THE COUNTRY.—"The Marchioness of Londonderry, who is in a delicate state of health, will, it is expected, shortly visit the metropolis for the benefit of *more skilful* medical advice."—*Sunderland Herald*, November 14.

It is really surprising that the intelligent conductors of respectable country journals should introduce such trashy paragraphs into their columns. There is scarcely a town in England which does not contain practitioners in medicine who are equal in ability to those who are styled "first-rate practitioners" in the metropolis. When *operations* are requisite, we admit that the patient is safest in the hands of that surgeon who is frequently called upon to use those *appropria* of medical practice, steel instruments; but in cases which require no such aid, the sufferers would act wisely in not relinquishing, on slight grounds, the pure air of the country.

ROYAL MEDICO-CHIRURGICAL SOCIETY.

Tuesday, November 10th, 1835.

Mr. EARLE, PRESIDENT.

MORBID VASCULARITY OF PARTS.

THIS Society commenced its first medical soirée for the winter this evening, and was numerously attended.

Attention, at the opening of the proceedings, was directed by Dr. J. YELLOLY to the subject of the vascularity of mucous and serous membranes. The author in his communication,—and in this consisted its substance — considered that the presentation of a vascular appearance in any part, from disease, does not always indicate the existence of inflammation, as reddened appearances might exist, without the existence of inflammation. On this division of the subject Dr. YELLOLY considers that pathologists of the day have yet much to learn before they can positively affirm whether the change is a result of the process of inflammation or not. According to present notions on the subject, he observed, this vascular or reddened appearance is oftentimes pronounced to be inflammatory, when that process has never existed in the part. In proof of the assertion, and in order to show the fallacy of appearances, the Doctor exhibited a drawing of a portion of spinal marrow, apparently highly vascular, but in which the vascularity was dependent, not on inflammation, but simply on venous turgescence; proving, as he contended, that the subject still required the most careful and minute examination. In prosecuting the study of vascularity, the Doctor recommends that due attention should be paid to the position of the body, because vascular fulness in the dead subject is exceedingly delusive; and there will, moreover, be found various degrees of vascularity, which, as in the example presented, are simple cases of turgescence.

Dr. WEATHERHEAD considered that this important topic ought not to be allowed to pass by in silence. That a turgescency of vessels was not a sign of inflammation, he readily admitted. But the difficulty was first, how is the effect to be explained? and secondly, how were the true and unequivocal signs of inflammation to be described? How, for instance, came blood to be accumulated so largely in the heart, when the bloodvessels are themselves, comparatively speaking, empty? Did not the circumstance prove that the vessels had the power of propelling the blood onwards, after the heart had ceased to beat? He therefore regarded the turgescency of vessels in mucous tissues, to arise from the weakened state of the vessels, situated as they were remotely from the centre of the circulation, as compared with those vessels which were more advantageously situated for propelling the blood onwards.

Dr. CLENDINNING agreed with Dr. J. Yellowly, that the turgescency of vessels in most instances occurred simply from the position of the body, and in such case must not be regarded as proofs of inflammation having existed in those parts. He had seen, at coroners' inquests, this state of the vessels adduced as a sign of inflammation, the verdicts being founded accordingly. His object in rising, however, was simply to prevent the discussion from dropping.

Mr. ARNOTT, on the other hand, at once rose to prevent its continuance, for as it seemed that the profession knew not what inflammation was, but judged of it only by its external characters, — heat, redness, swelling, and pain,—he could not consider that the paper which had been read tended to communicate or elicit anything sufficiently exact to make it worth while to debate the matter. The paper certainly did not say what inflammation was, and until all agreed as to what it consisted of, it would often be found impossible to account for post-mortem appearances, whether they were inflammatory or not; and most practitioners must have observed that a redness was frequently seen to exist in a part antecedent to death, after which it disappeared, leaving no detectable morbid change.

Mr. MAYO could not agree with Mr. Arnott in his view of the discussion. Although occasionally no traces were left after death, when redness had previously existed, yet if such inquiries as these were not prosecuted, how were the profession to discover or know of what inflammation consisted?

Here the subject was dropped.

TUMOUR ON THE SCAPULA.

The Secretary (Mr. Partridge) then read a report of a case in which a large tumour was removed from the scapula by Mr. EARLE, some account of which was reported in THE LANCET lately.

The details of the case ran thus in Mr. Earle's paper:—James Jackson, admitted September 10th, 1835, into *St. Bartholomew's Hospital*, suffering from a tumour of the left scapula. Thirteen months ago his attention was called to the seat of affection, by pain which extended down the arm of the same side, and went on increasing up to the time of his admittance, when the tumour had grown to the size of an ostrich egg. It partook of every motion of the scapula, and was evidently in close contact with the bone. The man's aspect was bloated and unhealthy, and he had been a free liver. Leeches were applied and the arm was supported in a sling. Several consultations were held, as to the propriety of removing the tumour with the knife, but unfavourable opinions of the case were formed, and it was deemed not advisable to operate, from the probable malignancy of the tumour. Mr. Earle, however, was of a different opinion, which he founded on the perfectly healthy condition of the integuments covering and surrounding the mass The serratus major anticus and its several digitations were easily traced, and between that muscle and the under surface of the scapula the tumour was situated. The patient was willing to undergo any operation rather than its removal should not be effected. The operation was performed on the 3rd of October, but it was undertaken with the understanding, that if found necessary, the scapula should be taken away also. In the course of the operation, the tumour was found adhering firmly to the inferior angle of the bone; but the remainder of the tumour was easily detached from the surrounding parts. A small portion only of the bone was absorbed, and only a small spicula of bone was found necessary to be taken away with the forceps. Two arteries were tied. After the removal a compress and bandage were applied, and during the progress of the cure, not a single unfavourable symptom had arisen. The man left the hospital, on November the 4th, and had since regained the use of the arm very satisfactorily. The case, the report went on to say, was valuable in a practical point of view, and proved the advantage of forming a diagnosis on anatomical appearances. The tumour presented a specimen of albuminous sarcoma.

After the report had been read, Mr. Earle said he had brought it forward, because Mr. Partridge had informed him that there was a paucity of papers, but he trusted that a regular succession would be supplied, so as to be able to continue the "Transactions," the keeping up of which constituted the pride of the Society. At the commencement of the sessions, invariably a scarcity of subjects was complained of, but at the termination an influx was received, compelling the Society to call an additional meeting. He, however, had to congratulate the members on its present flourishing auspices, for no session before had presented so many highly respectable names of gentlemen who were desirous of becoming fellows of the Society. Finally, the President alluded to the expenses incurred "in moving the House of Commons" in order to obtain the charter. These had threatened to become a serious inconvenience, but they had since been liquidated, and prosperity now reigned in the treasury.

LONDON MEDICAL SOCIETY.

Monday, Nov. 9, 1835.

Dr. WHITING in the Chair.

CHIMNEY-SWEEPERS' CANCER.

Mr. HOOPER introduced the subject of chimney-sweepers' cancer, and related the following case of a patient aged forty-five years, who was in *Guy's Hospital* for the above disease about eighteen months ago, when the wound presented a surface of the size of a five-shilling piece, which was operated on, and believed to do well, but the man left the hospital before it was quite healed. Twelve months before he (Mr.H.) was consulted, the wound had again assumed a serious aspect, and went on increasing, and the poor fellow, dreading the effects of a second operation, neglected to apply for relief; and from the incapability of following his employment, he became reduced to a state of almost actual starvation. The disease had commenced in the scrotum, and extended up to the groin. The left arm (particularly) and the left leg were now œdematous; the pulse 120 and feeble; and the man was evidently sinking, from the exhausted state to which he had suffered himself to become reduced. He was a fortnight in the workhouse, but nourishment was then too late, and this morning he died. He (Mr. H.) considered the case to well illustrate the proposition laid down by Mr. Abernethy, that cancer will invade any structure of the body; for on examining the tibia in this case it would be seen to be affected with exostosis, although the patient had made no complaint of his suffering in that part. On inspection of the body, no other disease was detected in any organ. A small quantity of fluid was found in the left side of the chest; the liver was as healthy as in most persons of that class who give themselves up as this man had done when

he could get it, to the temptation of drink.*

Mr. CRISP inquired if the members had found the disease invariably to return after operation, for he had heard Mr. Travers remark that it invariably reappeared.

Mr. JONES did not regard the disease of the tibia cancer, but rather as the effect of soot taken into the system. Was the disease in the present case simply local or constitutional?

Mr. HOOPER said, that this man was perfectly free from other disease in all the viscera; but in other kinds of carcinoma, the glands of the body were found affected. Proper nourishment last year would have prevented his life from being shortened by the disease. The pains were lancinating, and attended with a burning heat over the surface of the wound.

Mr. DENDY thought that had the man lived longer, the disease would have produced greater ravages in the system. He thought that *some* modifications of the disease might occur in all parts of the body. How far soot could effect a change in the bones he knew not, but he could not believe that its absorption had caused disease there.

A GENTLEMAN, whose name we could not learn, regarded the disease as local, but capable of being easily excited. This gentleman was led to relate a case of hemorrhage (in a chimney-sweeper) from the stomach, to the extent of seven pints, which proved fatal after a second attack, when the stomach was found converted into a diseased mass weighing sixteen pounds. A second case was related, which consisted of a small spot by the side of the penis. The patient consulted Sir A. Cooper and Mr. Abernethy, who recommended its removal; but Mr. Abernethy observed, as it was a portion of malignant tumour, that sooner or later the circulation would become affected. The penis was removed, but the patient died. The disease was supposed to have been brought on through the irritation caused by riding on horseback.

Mr. JONES, after making a section of the bony preparation belonging to the man who died from cancer, still maintained that it did not represent simple exostosis; for the particles arising from the deposition of fibrine, radiated from a centre, like the bones of the skull in the fœtal state; it presented also a cellular structure, and the marrow was contained not in the regular canal of the bone, but in distinct cysts.

Mr. BRYANT asked whether Mr. Jones would not have considered it a case of exostosis, if it had been unconnected with chimney-sweepers' cancer.

Mr. JONES replied, certainly not, but rather medullary sarcoma affecting the bone.

Dr. THOMPSON argued that it depended in great measures as to the soot becoming absorbed and affecting the system, whether a tendency in the constitution predisposed to carcinomatous affection. In ordinary cancerous diseases, it was extremely rare to find the mischief confined to one organ. He believed that diseases of this description required very peculiar care in the management, and in their guidance all sources of irritation should be carefully avoided. In corroboration of his statement, Dr. Thompson related the case of a butcher who appeared well, and led from his avocations an active life. The man left town to visit his friends, and it would seem that from the change to a state of inactivity, a torpor of the bowels followed, which aperients failed to relieve, and the man died. On inspection of the body, a tumour, decidedly of a scirrhous nature, was found at the termination of the colon. The caliber of the intestine did not exceed the diameter of a quill. The disease was not developed in any other organ, therefore he was led to the conclusion, that if the necessity of having recourse to the aperients had not been compulsory, and produced irritation on the immediate seat of the disease, the part would have remained quiescent, and the patient's life been prolonged. The Doctor related a second case in support of his position, that of a man aged fifty years, who felt tolerably well, but suffered from vomiting, which led him (Dr. T.) to treat the disease as a chronic affection of the stomach. Becoming, shortly after, more fully acquainted with his sufferings, he (Dr. T.) was led to conclude that it was of a cancerous nature; and on examining more carefully with this impression, he found several tumours about the size of a pea, adhering to the skin of the arm and scalp. Attempts to allay the vomiting failed, but afterwards it ceased spontaneously, and the patient became more fleshy, and he concluded that he should get well. About one month after, he rose from his bed to micturate, then suffering from irritable bladder, and fell down dead. At the autopsy every viscera of the body was found studded with tumours, similar to those on the external surface of the skin, and an effusion of fluid was seen in one of the ventricles of the brain.

Mr. DENDY believed, that if the records of hospital reports were consulted, they would tell us that almost in every instance the disease returned again, after the operation for cancer was performed. He did not look upon soot as a common irritant, for it failed to produce the disease in many parts of the system.

* The preparation as taken from the body was passed round. It well presented the characteristic and destructive features of the disease.

TUBERCULATED DISEASE OF THE UTERUS.

Mr. BRYANT rose to give the particulars

of a preparation which he had placed on the table. The individual from whom the morbid parts had been taken, had not fallen under his care. The subject of the case, a lady, unmarried, aged fifty-two years, was of short stature and spare habit, and had for some years suffered from indigestion, accompanied with headache and sluggishness of the bowels. About three years since, she became "irregular," and about eighteen months ago the catamenia ceased altogether. She was next troubled with vomiting, about half an hour after taking any food; a hardness was felt on the right side, and she became emaciated. Latterly, she suffered from forcing pains, after evacuating the bowels, but no symptoms of uterine disease existed. The evacuation gradually increased, diarrhœa followed, and she died on the 30th of October last. Several weeks previous to her death the irritability of the stomach ceased, and she was able to retain her food, but was distressed by flatulence and pain in the bowels. On examination of the body, the heart was found to be exceedingly small, with its vessels enlarged in caliber. The gall-bladder was distended with a cream-coloured bile, and its coats very much thickened; in the ductus communis choledochus a calculus was impacted, weighing five grains; when dried it was of a bright colour, with a tuberculated surface. The uterus had undergone the change observed in the preparation, but this change was not suspected, as the attention of the medical gentleman (Mr. Iliff) was not directed to it by the patient. The case was interesting, from its adding confirmation on an important topic, that a disease of a formidable nature might go on even to the destruction of life without being suspected, and in which no symptoms are manifested, either to lead to a detection of the disease, or suspicion of its existence.

The PRESIDENT asked whether the thickening of the pyloric orifice of the stomach, was of a cancerous nature.

Mr. BRYANT replied, that Mr. Iliff's opinion led him to that conclusion, although the thickening was not great.

Mr. MOORE was opposed to the opinion that the disease was of a tuberculated nature; he regarded it as rather of a scrofulous kind, and his judgment was supported by the accounts of the French pathologists. M. Louis had recorded, that of upwards of 300 cases of disease of the womb, only one of tuberculated disease of the uterus existed. He (Mr. M.) was led to this conclusion from the nature of the inflammation (not having examined the preparation very circumspectly), which was of a chronic kind, and unattended with pain.

Mr. CÆSAR thought that the time of the Society might be spent more profitably, by considering the relief of patients at the early stage of the disease; and he would ask, whether the experience of the members led them to conclude that anything could be done in such cases, or whether they had found beneficial results from the use of iodine, from pressure, or from counter-irritation.

A GENTLEMAN said, with regard to cancerous affections of the breast, that he could inform the Society that in a case within his knowledge, where iodine had been applied, it had increased the tumour in a very short period to double the size it presented when the iodine was first used.

Mr. MOORE, in order to counterbalance the last case, briefly alluded to one in which iodine, combined with mercury, and so softened down as not to produce irritation of the skin, decidedly lessened the activity of the disease, and kept it under control.

Dr. JOHNSON believed that the profession knew but very little about these diseases; but he felt convinced that it might be retarded by taking from the part affected the supply of nutrition as much as possible; abstracting blood from it (that being the pabulum of life), applying leeches, allaying pain by emollient and soothing fomentations, and avoiding irritants, for "ubi stimulus, ergo fluxus," and keeping the excretions and secretions of the body in the best possible condition.

The PRESIDENT, previous to the adjournment, requested to relate the following case:—A lady, who was extremely pallid, and labouring under all the characteristic symptoms of a severe constitutional disease, was suddenly attacked with suppression of urine, which was found to arise from the mouth of the womb pressing forward, so as to prevent the urine from flowing. The uterus was tilted back by the practitioner, and a catheter was introduced to draw off the accumulated fluid. The neck of the uterus was found hardened and callous, indicating a scirrhous affection. Repeated discharges of blood occurred from the uterus, and pressure gave considerable uneasiness. The lady was ordered to remain in bed, to have leeches applied, the accumulation of urine to be prevented, and to take bland food. On a second visit, he (Dr. Whiting) found her suffering from more acute symptoms; the tumour had increased, and become exquisitely sensitive to the touch, and the patient was labouring under irritative fever. A second application of leeches was directed, and the following week found her infinitely better, and the tumour subsiding rapidly; but it was deemed advisable to continue applying leeches until all the symptoms had abated. Iodine was rubbed in over the abdomen, and he (Dr. W.) thought that the gentleman who attended the case also applied it to the mouth of the womb. At present the lady was so much restored, that further professional attendance was considered unnecessary.

Monday, November 16th.

At the close of this meeting the chairman stated, that a condolatory address had been drawn up by some gentlemen of the profession (not confined to the Society), assisted by Mr. Headland, the secretary of the Society, which it was intended should be presented to Mr. Kingdon, after it had been signed by as many members of the medical profession as accorded with the originators, that his conduct had not in the slightest degree merited the stigma cast on it by the Council of the College of Surgeons; for this reflection, as Mr. K. professed it to be, on his moral conduct, preyed most heavily on his mind, and (if we understood the statement correctly) not only caused the discontinuance of his attendance at the meetings of the Society, but also everywhere else from home.

When Mr. Kingdon informed the Society of "the disgrace" as he termed it, under which he laboured, from his rejection by the Council, he said that the heaviest affliction that he felt arose from the fact that what he had most attempted to preach to his children,—the propriety of preserving their moral characters unimpeachable,—he himself, it would seem, had not been able to accomplish in his own person. On that occasion Dr. JOHNSON remarked that there was no necessity, so far as his conscience was concerned, for Mr Kingdon to feel hurt at being passed over by the Council, for he might be assured that in the eyes of the profession he would not stand degraded one iota,—probably the reverse,—for the proceedings of the Council in Lincoln's Inn Fields had long ceased to be regarded with respect by medical men.

A veto, however, was placed on the address being left in the rooms for signatures, in consequence of a remark from Mr. LYNN, that although the members might firmly and conscientiously coincide with the motives which had actuated the gentlemen in drawing up the document, yet he for one (and this he said from a very long acquaintance with Mr. Kingdon) could not put his name to a paper that conveyed, even indirectly, and although denied to the public, a suspicion that moral delinquency had ever hung over Mr. Kingdon's character. This he considered the address was calculated to do, and most of those present acquiesced in the opinion. It was deemed advisable that certain of the sentences should be erased, and a new copy produced and offered for signature. Although these brief proceedings took place in the library of the Society, it was not wished that the address should be considered as emanating solely from the Society, and the chairman's object in bringing it now forward arose, he said, from the expectation that many members would be assembled this evening.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Oct. 31, 1835.

Mr. R. QUAIN, President.

THE newly-elected President, Mr. Richard Quain, in conformity with the example set by his predecessors in the chair, this evening addressed the Society in an inaugural speech. He thanked the members for the honour they had conferred on him; but at the same time a retrospective view of their past presidents, and many able members, almost induced him to shrink from the responsibility of office, though no member felt more anxious for the welfare of the Society, than he. Of its usefulness there could be no question. For himself he could say that he had never entered its walls without deriving benefit from the discussions. The arduous duties that he had elsewhere to fulfil, would, he trusted, become an apology for any imperfect fulfilment of his duties in the Society, which at any rate, however, he would endeavour to perform with the strictest impartiality. The Society had this session to lament the loss of one of its most zealous and able members. It was not his intention to offer any *eloge* on the late Mr. Burnett, as ample justice had already been done to his memory. (These notes necessarily form but a very brief outline of the address of the worthy President.)

The discussions this evening commenced by Dr. LEONARD STEWART inquiring whether Dr. Johnson had received any further particulars of the case (see LANCET, No. 634), lately forwarded to him (Dr. J.) for his opinion, and detailed to the Society.

Dr. JOHNSON answered in the negative. He had written to the parties, and embodied in the correspondence the opinions of the Society. Not that he expected to hear very soon, as it was a case not likely to be cured expeditiously, if at all.

ANTIMONY IN PNEUMONIA.

Dr. ADDISON requested the sense of the Society respecting the efficacy of the antimonial treatment in pneumonia.

Dr. JOHNSON considered Dr. Addison, as an hospital physician, best calculated to give an opinion on this treatment. In pulmonic inflammation, he (Dr. J.) had pushed the antimonial treatment further than in any other inflammation, but would not trust exclusively to it. The use of the lancet he regarded as highly necessary and beneficial in weakening the action of the heart and arteries in inflammations.

Dr. ADDISON replied that he did not allude to antimony, when used in combination with other remedies; for, in the ordinary use of antimony, calomel and opium generally were combined, and not unfrequently

preceded by the use of the lancet. But the treatment that he referred to, was the trusting to large doses of antimony to the exclusion of other remedies. He (Dr. A.) was induced more particularly to give it a trial, from having seen in a severe case of laryngea, which he had been requested to visit in company with a general practitioner, great benefit derived from the treatment, and he was unwilling to interfere with the remedy that was producing such beneficial results. It was persevered in, and it quickly effected a speedy and complete cure. What he (Dr. A.) looked upon as constituting the antimonial treatment, consisted in administering from half a grain to a grain of tartar-emetic in solution every one or two hours. The first and second doses probably produce vomiting, followed by nausea and free diaphoresis; and he would ask whether we were not justified in abstaining from so harsh a remedy as mercury, and adopting antimonial treatment in preference, at least in the milder forms of inflammatory disease. Of late he had had reasons to doubt whether pneumonia was so severe as it was formerly taught to be. They used to be led to believe that it was a most serious and fatal disease, seldom admitting of cure. Cases had occurred within the last few years which had led him to doubt the correctness of this proposition, and many cases had come under his observation, where the disease had been altogether overlooked. He certainly thought that large bleedings, in the majority of cases, were injurious, and smaller bleedings as by far more safe and more appropriate.

Mr. Costello said that the Italian school was certainly in favour of the antimonial treatment, and that the rate of mortality under its use was not more than one in eight cases. This calculation was made from cases of the serious kind, and after moderate bleedings had been used.

Mr. H. Johnson remarked, that during the time he was at St. George's Hospital, several cases of pneumonia were admitted, in which the antimonial treatment had received a fair trial; but from the result, it was considered to be an inefficient remedy. If a preference was to be given by him, he would choose the mercurial. He did not think that the French surgeons were well acquainted with the use of mercury, for even Andral was only now beginning to regard mercury as a powerful remedy. He differed from Dr. Addison as to the mildness of pneumonia. He (Mr. J.) had found it any thing rather than a mild form of disease in the surgical wards of St. George's.

Dr. Johnson remarked that in 1812, an ample opportunity was afforded for experimenting on pneumonia in the Scheldt, when that disease attacked almost every individual there stationed, and the medical officers employed under government on that occasion, found that opium disadvantageously checked the expectoration, and that by first bleeding the patients, as much as their strength would admit, and then exhibiting calomel, only in sufficient doses to act on the secretions, more benefit was obtained than by any other kind of treatment.

Dr. Addison still maintained that pneumonia was not so fatal as was generally conceived. He thought that Mr. Johnson was particularly unfortunate in selecting cases from the surgical wards of an hospital, to illustrate cases of genuine idiopathic pneumonia, for he (Dr. A.) was not a stranger to that division of our public institutions. There pneumonia would either be found occurring with other diseases or in broken down constitutions. He (Dr. A.) was sure Dr. Johnson would excuse him when he said that pneumonia did not terminate in expectoration,* unless complicated with bronchitis, and he very much doubted, whether the majority of these cases were not cases of bronchitis, instead of pure pneumonia.

Mr. Johnson could not regard pneumonia as a mild disease. He had always found that the more actively it was treated, the fewer were the deaths. As to pneumonia in hospitals, the fact was that pneumonia could not be explained by a few cases, and the patients that he had selected from the surgical wards were, many of them, in rude health, who had been overtaken by some untoward accident.

Mr. Wade said, with regard to the treatment of pneumonia, according to the mode of exhibition recommended by Laennec, he (Mr. W.) had found, that if the inflammation was first attacked by a full bleeding, so as nearly to produce syncope, and then followed up by large doses of antimony, the latter had proved a most valuable remedy in his practice. With regard to a remark (which had been incidentally made) that all adhesions of the pleura were not the result of inflammation, he would give an example in proof of the allegation, that had made at the time considerable impression on his mind. A portion of the lung recently taken from the body was brought to him, which he divided into two portions, and then placed their cut surfaces in opposition. On the following morning a perfect adhesion was found to have taken place, and the lymph through which the adhesive process was maintained, presented, from evaporation of the serum, the same phenomena in

* It may be necessary to state—as the abridgment of the proceedings to the proper compass of a report does not make this isolated point obvious, that Dr. Johnson assigns expectoration as occurring in pneumonia, which Dr. Addison does not admit as a symptom of that affection when combined with other diseases. Dr. Johnson considers it also as a process set up by nature to unload the gorged vessels, and to get rid of the disease.

appearance as were produced by the known process of inflammation.

Mr. SMITH believed that pneumonia attacked two kinds of constitutions, the strong and the delicate, and he presumed that the mercurial was best adapted for the plethoric, and the antimonial for the weak.

The President then adjourned the meeting.

(Saturday, November 7—Concluded.)

REMARKABLE DISEASE OF THE BRAIN AFFECTING THE SENSE OF SIGHT.

After the statements had been made respecting the late Sir David Barry, which were reported at page 264,

Dr. JOHNSON communicated a paper which was entitled "A remarkable Disease of the Brain, attended with distressing symptoms." The subject of the case was an eminent artist residing in Albemarle-street. The complaint commenced several years ago, in the form of a sensation of flashes of light before the eyes, to which were afterwards added, pains in the head, and the sight was gradually, and in the end, totally lost. The chief phenomena, however, which annoyed him, was a series of dazzling images, perpetually playing on the optical apparatus, by day and by night, with a brightness unspeakably distressing, sometimes assuming the forms of angels with flaming swords, every motion of which seemed like an electric flash, to blind the eye and sear the brain. The forms and colours of these spectral illusions were incessantly changing, but without any mitigation of the sufferings they produced. With the exception of some irritability of temper, there was not the slightest affection of the intellectual powers. Memory, imagination, and judgment, were unimpaired. He was led about the streets by his servant, and attended to all matters (where sight was not required) with the greatest punctuality. The eyes themselves presented no appearance of disease. These symptoms were ameliorated, from time to time, by tartar emetic plasters to the nape of the neck, leeches to the temples, and aperient and diuretic medicines. In the spring of 1835, he was seized with all the usual symptoms of apoplexy. He lay in bed motionless and insensible, passing the urine and feces involuntarily; the pupils were dilated, and the power of speech was lost; but to the astonishment of his medical attendants, he recovered from this state, whether through the powers of nature or active depletion, may be doubtful. After a few weeks he was able to walk to the city, and transact business as usual! But the spectral images and concomitant sufferings returned with increased intensity. In August last he was suddenly seized again with apoplectic symptoms, as above mentioned, and notwithstanding the same means were employed as for the last attack, he died at the end of three or four days, from the commencement of the apoplectic invasion. The body was examined on the following day. There was nothing unusual in the membranes of the brain. The right *lateral* ventricle contained nearly two ounces of clear fluid. The left ventricle was occupied by a series of hydatids, of various sizes, and filled with fluid of various consistency and colour. The cluster of hydatids sprung from the floor of the ventricle, by a kind of peduncle, and penetrated into every sinuosity of the cavity, pushing its branches anteriorly, so as to pass over and before the thalamus nervi optici of that side, and even into the opposite hemisphere of the brain, destroying all the parts in its progress. Both thalami were reduced to a pulp, as were, indeed, the whole of the anterior lobes of the brain, which would not bear the least handling without falling into a state of deliquescence. The optic nerves were pressed upon by the hydatid mass, and reduced to little more than the size of threads, and these were of very soft consistence. There was no change in the coats, or the humours, of the eye. The most remarkable phenomenon in this melancholy case, was the intensity of brightness which always accompanied the spectral images. Whatever were their shapes, this dazzling and painful splendour never forsook them. It rendered the life of the sufferer a scene of dreadful agony for some years.

Mr. VERRALL said, he was induced to relate the case of a boy aged 11 years, which he believed was somewhat analogous to the foregoing interesting case. This patient, who he had examined at the *Western Dispensary*, complained of having before him repeated flashes of light. He (Mr. V.) suspected that his faculties were not perfect, as the boy looked stupid, and the questions put to him were invariably answered by his mother; and on further examination he found that the arm was slightly paralytic, and that the fingers were wasted. No change could be detected in the eyes,

Mr. THURNAM requested to know whether the cysts were accidental serous cysts, and what was the condition of the plexus chorides?

Dr. JOHNSON replied that the cysts were filled with fluids of different colours; some of the cysts were circular, the others oval, and all sprung from one root.

The PRESIDENT (Dr. Addison), inquired if there were any somnolency? (The answer was in the negative, except during the apoplectic seizures. At other periods, his faculties were perfectly intact.

Mr. STREETER.—In the detail of the symptoms, the expression "the only alteration in the intellect that occurred, was an

increased irritability of temper." He (Mr. S.) would ask, does temper belong to the intellect? certainly not; but rather to the disposition!! He (Mr. S.) in the next observation, has a difficulty, as all present are not acquainted with the phrenological division of the brain, of making himself understood; he however considered the case as favourable to the doctrines of phrenology. The disease commenced in the floor of the ventricle, and made its way forwards and upwards, producing softening of the anterior lobes. In the centre of the under surface of these anterior lobes, that portion of the intellectual brain is situated, which distinguishes the form and colour of objects. He believed that it was a well-established fact in pathology, that the inflammation of a nerve heightened its functions; and here the symptoms indicated that the peculiar functions assigned to those parts were greatly disturbed, or greatly exalted, while sight was destroyed, though the eye remained apparently healthy. The whole of the anterior lobes were disorganized without there being any disease of the membranes, and hence it was fair to conclude that the disease had not extended to the cortical structure of the brain, or the membranes would have been involved in the disease. The term "anterior lobe" was itself a vague one, for there was not the faintest line of boundary assigned by anatomists to mark the separation of this division of the brain from the rest, except at its under surface. (Some further remarks, *apropos* to the science of phrenology, were made by Mr. STREETER, but we have not space to give them.)

Dr. JOHNSON said that he was not an anti-phrenologist, but a phrenologist, and he would observe that although the anterior lobes were reduced to a pulpy state, they were yet capable of carrying on their functions. He did not bring the case forward as an argument against the science, but rather that the science might clear away the difficulty which it presented.

The Society then adjourned.

DELIRIUM CUM TREMORE.

To the Editor of THE LANCET.

SIR,—With reference to the note subjoined to Dr. Roots's excellent lecture on *delirium tremens*, just published by you, I wish to state, that I have used the English expression "*delirium with tremor*," and it only, and without the knowledge that the Latin synonyme had been employed by my friend Dr. Elliotson. I do not even now know in which of the journals the lecture, in which this term was used, has been published, otherwise I should have had great pleasure in referring to it;* for, although I always make references to whatever comes in my way that seems to me deserving of notice, I cannot find that I have made any reference to Dr. Elliotson's lecture on this subject. I shall, however, have an opportunity hereafter of doing justice in the matter. The English term, which only I have employed, was used in the course of lectures delivered by me during the winter of 1825 and 1826. The *name* of the complaint is of comparatively little importance; the *pathology*, the *forms*, and the *treatment* of it are the topics that most deserve attention. As to these I am entitled to more credit than has been awarded me. I am certainly the first who distinguished two species of the disease. One which I have stated to proceed from inflammatory or excited vascular action in the membranes and periphery of the brain; the other from exhausted nervous power. I am extremely gratified that so able and experienced a physician as Dr. Roots is, has done me the honour of adopting altogether my views as to the pathology and division of this disease, as well as to the treatment founded on both, as both are of the greatest importance in practice. My views were derived from considerable experience, and, since the publication of them, I have seen them confirmed on various occasions. I beg to refer your readers to my article on this complaint; but I may subjoin my division of the complaint, with the *names* and *definitions* I have given of each species. I need not add that the treatment appropriate to each is fully explained.

"I. DELIRIUM WITH TREMOR FROM EXCITED VASCULAR ACTION IN THE MEMBRANES OF THE BRAIN (*Encephalitis Tremefaciens* of J. FRANK).

"DEFIN.—*With great terror and irritability of temper and violence upon being opposed; a frequent, full, or hard pulse; countenance often wild or flushed, and the head hot.*

"II. DELIRIUM WITH TREMOR FROM EXHAUSTED NERVOUS POWER (the *True Delirium Tremens* of modern writers, and *D. Traumaticum*, or *D. Nervosum*, DUPUYTREN).

"DEFIN.—*With a morbid recurrence of the patient's ideas to his avocations; a frequent, weak, or small pulse; cool, humid, or perspiring surface; and loaded, but moist tongue.*"

I would beg leave further to refer your readers to what I have said respecting intermediate varieties, or *modifications* of the complaint, and as to its *nature*, &c. I am, Sir, your obedient servant,

JAMES COPLAND.

Bulstrode Street, 16th Nov. 1835.

* The passage quoted in the note in last week's LANCET, occurred in the report of a lecture printed by Messrs. Longman in their weekly journal.—ED. L.

MEDICAL REFORM ESSAYS.

To the Editor of THE LANCET.

SIR,—After a patient perusal of the various essays forwarded to the Medical Reform Association, the Committee of Examination * have decided that there are not any three deserving of the prizes, although many deserve considerable praise, from the talent and research displayed in them.

It is my duty therefore to inform the essayists that they can obtain their essays by sending a note, with the motto, when any more specific communication that it may be necessary to make, will be made.

I am further directed to communicate the fact that the 100*l.* will still remain in the hands of the Treasurer, Joseph Hume, Esq., M.P., and that the Association will be happy to receive any essays on the question originally propounded, which must be delivered in, on or before the end of December, 1836. Further particulars I shall take the liberty of requesting the insertion of in the pages of your journal in the course of a fortnight or three weeks. I have the honour to remain, Sir, your obedient servant,

JOHN EPPS, M.D.,
Hon. Sec. to the Med. Reform Assoc.

89, Great Russell-street,
Nov. 17, 1835.

CLINICAL LECTURES IN LONDON.—*To the Editor.*—Sir,—It is stated in your Number for November 7, that 12 years ago there was not a clinical lecture given in London. As regards the *Hospitals*, to which the statement *appears* to refer, this may be correct; but as the fact is not stated with such limitation, I beg to observe that Clinical Surgical Lectures were given regularly at the Finsbury Dispensary by myself in the October of 1821, subsequently to my election in the preceding April, and these were (I *believe*) the first clinical lectures delivered in London. Leaving it to you to make any use of this note you may think proper, I remain, Sir, your obedient servant,

GEORGE MACILWAIN.

Argyll-place, Nov. 17, 1835.

IODINE IN DIABETES MELLITUS.—*To the Editor.*—Sir,—The perusal in your excellent journal, of a paper on the discovery of sugar in the blood of a diabetic patient, has induced me to forward to you a notice of a case which I have treated successfully with iodine. The patient, a young man, of about twenty years of age, had laboured under diabetes mellitus for upwards of two years, and had taken successively the mineral acid, tinct. ferri mur., et potassæ sulphas, but without effect. In the month of May last I commenced exhibiting *iodine*, in the different forms of the ioduret of iron, and of potassa, and, lastly, in the form of tincture. Shortly after the commencement of this treatment a good deal of expectoration took place, and mucus was thrown up regularly every morning. By degrees the urgency of the case subsided, and now, although the weather has become cold, very little tendency to diabetes remains. I hope that others may try the effects of this drug in this generally uncontrollable complaint, and watch its action and result. I remain, Sir, your obedient servant,

C. A. D.

Goswell-street-road, Nov. 17, 1835.

*** Our correspondent should have added his name.

DISTRIBUTION OF SUBJECTS.—*To the Editor.*—Sir,—I shall feel obliged if some explanation is given in the next Number of your valuable periodical, of the cause of the present very unequal distribution of subjects for dissection; one of the west-end schools having as many, or more than they can dissect, whilst in the Borough we can get very few indeed, bearing no comparison to the demand, and proving a very serious inconvenience to the students in general.

I am, Sir, your constant reader,

A WEBB-STREET PUPIL.

Nov. 16, 1835.

*** We much doubt if the "*distribution*" is unequal. Does our correspondent know the proportions on authentic information?

To the Editor.—Sir,—I throw myself on your justice, in transmitting the following reply to an article in a late Number of THE LANCET, Aug. 29, on the subject of "Dr. Wright's Pearl Ointment for Cutaneous Diseases," of which I am (by purchase) the proprietor. The writer of the article, without qualifying doubt, asserts that the active principles of this ointment are arsenic and bichloride of mercury,—yet it does not contain an atom of either of those substances! It is not surely too much, therefore, to expect that his pathological deductions are equally fallacious; and that the symptoms, which he describes as having succeeded to the use of the ointment, had no reference, in the connection of cause and effect, with the application. The writer of course is too honourable a man to ascribe effects to this ointment which he does not conscien-

* The names of the "Committee of Examination" ought to be made public, if they are not already known to the competitors.—ED. L.

tiously believe to have resulted from its use, or which he knows were produced by other treatment; he is evidently a man "who bears his faculties so meekly," that he is wont rather to extenuate faults than "set down aught in malice." * * * I am, Sir, yours respectfully,

ZACCHEUS HUNTER.

Webber Row, Blackfriars, Oct. 24, 1835.

*** No attack having been made by our correspondent, "A Licentiate," on the character of the late Dr. Wright of Stafford, we have omitted the concluding portion of Mr. Hunter's letter, thinking that it was both uncalled for and unnecessary.—ED. L.

NORTH-LONDON HOSPITAL.

LITHOTOMY.—Mr. LISTON performed this operation on the 28th of October, on a youth aged twelve, who had suffered under the disease for some time. The operation was performed in the usual manner, but the surgeon found it necessary to divide the right side of the prostate, in consequence of the inordinate size of the stone; he remarked that he preferred taking such a step to lacerating the parts. The stone was of about the size of a pullet's egg. The operator observed that it was not often that stones of such a size were removed from subjects so young, but he had in some instances met with them much larger, even in patients under six years of age. In the present case the operator used a small adult forceps, remarking, after the operation, that it was always necessary to proportion the forceps to the size of the stone to be removed. The operation was completed within two minutes. The child has since been doing well.

BOOKS RECEIVED.

Elements of Bedside Medicine and General Pathology, or General Disease-Discourse, with a Sketch of the Origin, Progress, and Prospects of Clinical Medicine and Surgery, &c., with a Confession of mixed Medical Faith, &c. By J. S. Thorburn, M.D. London: Longman and Highley, 1836, 8vo, pp. 437.

An Experimental Guide to Chemistry. By Edward Davy, M.R.C.S., 1836, 12mo. pp. 98.

St. Thomas's Hospital Reports. By John F. South, Assistant-surgeon. No. I. Nov. 1835.

An Inquiry, physiological and pathological, into the Proximate Cause of Cholera. By Protheroe Smith, M.R.C.S., and Senior Surgeon to the Farringdon Dispensary. London. Bailliere. 1835.

CORRESPONDENTS.

A Non-professional Reader will find just such a clear and simple account of the stomach as he wishes to see, in the Third Number of a little Monthly Magazine published in London, called "The Christian Physician and Anthropological Magazine."

Our arrangements do not allow us to devote the space which would be requisite for the insertion entire of the communication of *Bristolicusis*. If the writer has no objection to allow such a careful and discriminate curtailment of his paper as will separate the vein of thought and argument from the superfluities of expression which surround it, we will find room for his views.

ERRATUM.—The initial *V.* in the name of *Mr. Daniels*, attached to the letter at page 271, should have been *N.*

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. 51° 37′ 44″ North, Long. 34° 45″ West.)

Days.	Thermometer.		Barometer.		Rain.		Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins.	Dcls.		
Nov. 9	36.75	32.	29.96	29.81	—		E.	Dull and heavy.
10	36.	32.	30.11	30.06	—		E.	Fine through the day.
11	40.	33.50	.11	.06	—		N.W.	Fine through the day.
12	40.50	31.75	.03	29.91	0.	06875	N.W.	Morn fine; rain evening & night.
13	39.	31.25	.11	30.07	—		N.	Fine through the day.
14	38.50	33.75	29.94	29.86	0.	00625	N.W.	Dull, with slight rain.
15	42.	33.75	.86	.84	—		N.W.	Partially fine, with heavy mist.

Nov. 17, 1835. W. JACKSON.